

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000000695

1. Entity Name
GESTION BRIGITTE BEDARD, INC.



Principal Place of Business
1151 WEST LAKE STREET
HOLLYWOOD, FL 33019

Mailing Address
1151 WEST LAKE STREET
HOLLYWOOD, FL 33019

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152007

Chg-P

CR2E034 (12/06)

4. FEI Number
98-0449640

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTHE & LEIGH LLP
2455 E. SUNRISE BLVD., SUITE 602
FORT LAUDERDALE, FL 33304

Name
ERIC W. SCHREIBER

Street Address (P.O. Box Number is Not Acceptable)

1151 W. LAKE ST.

City
HOLLYWOOD

FL Zip Code
33019

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr. 15, 2007

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
BEDARD, BRIGITTE
1151 WEST LAKE STREET
HOLLYWOOD, FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200099196202
04/27/07--01030--030 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 15, 2007

Date

954 922 6917

Daytime Phone #

204/24