

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR -6 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08192007 Chg-P CR2E034 (12/06)

4. FEI Number 23-3067774 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

JASAITIS, VIDA MOMKUS
855 SW 78 AVE STE 100
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City Plantation FL Zip Code 33324

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 *Anthony Licausi* *Anthony Licausi* *Vice President* 4-5-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> Delete
NAME	DOURASSOFF, NICOLAS	
STREET ADDRESS	855 SW 78 AVE STE 100	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRAND-CHAVIN, ALICE	
STREET ADDRESS	855 SW 78TH AVE STE 100	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ST MIEUX, ANDRE	
STREET ADDRESS	150 RUE GALLIENI, 9200 BOULOGNE-BILLANCOUR FRANCE,	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOMBARDY, PIERRE	
STREET ADDRESS	150 RUE GALLIENI, 9200 BOULOGNE-BILLANCOUR FRANCE,	
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JASAITIS, VIDA M	
STREET ADDRESS	855 WS 78TH AVE STE 100	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600096441826	
CITY-ST-ZIP	04/11/07--01016--004 **150.00	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis, Marie	
STREET ADDRESS	855 SW 78 Ave Suite 100	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	St Mlieux, Andre	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	150 rue Gallieni 92100	
STREET ADDRESS	Bologne-Billancourt France	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Nicolas Dourassoff* Nicolas Dourassoff

4-4-07

954-671-6508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #