## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F42387

1. Entity Name

CITY-ST-ZIP

**SIGNATURE** 

PAUL E. FRANCOEUR, INC.



06 SEP 18 AM 10: 2"

APPRU . AND

SECRETARY UF STATE TALL AHASSEF, FLORIDA

Principal Place of Business

8320 SW 61ST AVENUE MIAMI, FL 33143

Mailing Address

8320 SW 61ST AVENUE MIAMI, FL 33143



09122006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2122600

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT, ROBERT S ONE BISCAYNE TOWER, SUITE 3550 TWO SOUTH BISCAYNE BLVD. MIAMI, FL 33131

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	named entity submits this statement for the ions of registered agent.	purpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_						
	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRE	CTORS	T			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	TSCD FRANCOEUR, DENISE 8320 SW 61ST AVENUE MIAMI, FL 33143			700080091217 09/22/0601048010 **150.00		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PVM FRANCOEUR, DENISE 8320 SW 61ST AVENUE MIAMI, FL 33143					
NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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 of trusted 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 times are presented.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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