
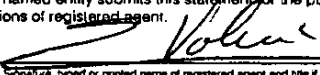
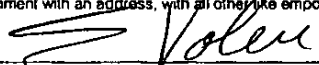


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90035 013 \*\*\*150.00

<b>DOCUMENT # F52199</b> 1. Entity Name ETOILE'S, INC.			
Principal Place of Business 359 E PALMETTO PK RD. BOCA RATON, FL 33432		Mailing Address 359 E PALMETTO PK RD. BOCA RATON, FL 33432	
<b>DO NOT WRITE IN THIS SPACE</b>			
01042008 No Chg-P CR2E034 (11/05)			
4. FEI Number 59-2133840		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VOLIN, ROBERT 359 E. PALMETTO PARK RD. STE 400 BOCA RATON, FL 33432		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT VOLIN, ETOILE 359 E. PALMETTO PARK RD. BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS VOLIN, ROBERT 359 E. PALMETTO PARK RD. BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			