

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G10998

Entity Name: DEUX MICHEL, INC.

FILED  
Mar 07, 2011  
Secretary of State

**Current Principal Place of Business:**

C/O KOZYAK TROPIN & THROCKMORTON, PA.  
2525 PONCE DE LEON BLVD, 9TH FLOOR  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

C/O KOZYAK TROPIN & THROCKMORTON, PA  
2525 PONCE DE LEON BLVD., 9TH FL  
CORAL GABLES, FL 33134 US

FEI Number: 59-2297214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOZYAK TROPIN & THROCKMORTON, P.A.  
2525 PONCE DE LEON BLVD., 9TH FL  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

C/O KOZYAK TROPIN & THROCKMORTON, PA.  
2525 PONCE DE LEON, 9TH FLOOR  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

C/O KOZYAK TROPIN & THROCKMORTON, PA  
2525 PONCE DE LEON, 9TH FL  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

KOZYAK TROPIN & THROCKMORTON, P.A.  
2525 PONCE DE LEON, 9TH FL  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/07/2011

Date

**OFFICERS AND DIRECTORS:**

Title: R  
Name: KOZYAK, JOHN, RECEIVER  
Address: 2525 PONCE DE LEON, 9TH FL  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: /S/ JOHN W. KOZYAK, AS RECEIVER

R

03/07/2011

Electronic Signature of Signing Officer or Director

Date