

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23766

FILED
Jan 15, 2009
Secretary of State

Entity Name: ST. TROPEZ RESORT MOTEL, INC.

Current Principal Place of Business:

2225 NE 19TH STREET
C/O PHILIPPE TASSE
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

2225 NE 19TH STREET
C/O PHILIPPE TASSE
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 65-0152475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TASSE, PHILIPPE
2225 NE 19TH STREET
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TASSE, PHILIPPE,
Address: 2225 NE 19TH ST.
City-St-Zip: FT. LAUDERDALE, FL

Title: ST () Delete
Name: TASSE, PHILIPPE,
Address: 2225 NE 19TH ST.
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: TASSE, MARGOT,
Address: 2225 NE 19TH ST.
City-St-Zip: FT. LAUDERDALE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILIPPE TASSE

PD

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date