

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L36264

1. Entity Name  
V.F.-RENAISSANCE, INC.



Principal Place of Business

BROAD & CASSEL  
7777 GLADES RD. STE. 300  
BOCA RATON, FL 33434 US

Mailing Address

BROAD & CASSEL  
7777 GLADES RD. STE. 300  
BOCA RATON, FL 33434 US

FILED

05 MAR 30 AM 11:05

SECRET  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

01102005 Chg-P CR2E034 (10/03)

4. FEI Number

65-0218275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEUTCH, JEFFREY A  
7777 GLADES RD  
STE 300  
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME POMERANTZ, ALICE  
STREET ADDRESS 8600 DECARIE BLVD, SUITE 200  
CITY-ST-ZIP TOWN OF MOUNT ROYAL H4P 2N2, QC

TITLE TV ☐ Delete  
NAME GATTINGER, FRANKLIN J.  
STREET ADDRESS 8600 DECARIE BLVD., SUITE 200  
CITY-ST-ZIP TOWN OF MOUNT ROYAL H4P 2N2, QC

TITLE AS ☒ Delete  
NAME ESPOSITO, RALPH JR  
STREET ADDRESS 8600 DECARIE #200  
CITY-ST-ZIP MT ROYAL, QC, CANADA,

TITLE CEO ☐ Delete  
NAME POMERANTZ, TERRY  
STREET ADDRESS 8600 DECARIE #200  
CITY-ST-ZIP MT ROYAL, QC, CANADA,

TITLE SD ☐ Delete  
NAME POMERANTZ, TERRY  
STREET ADDRESS 8600 DECARIE #200  
CITY-ST-ZIP MT ROYAL, QC, CANADA,

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Terry Pomerantz

March 21st, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #