

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L57659

1. Entity Name
R. MORIN INVESTMENTS, INC.



Principal Place of Business

%REJEAN LAPIERRE
7800 W. OAKLAND PARK BLVD., BLDG. "G"
SUNRISE, FL 33351-6741

Mailing Address

%REJEAN LAPIERRE
7800 W. OAKLAND PARK BLVD., BLDG. "G"
SUNRISE, FL 33351-6741

FILED
06 APR 27 AM 11:20
TALLAHASSEE, FLORIDA



04052006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0178799

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN
7800 W. OAKLAND PARK BLVD.
BLDG. "G"
SUNRISE, FL 33321

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	LAPIERRE, REJEAN
STREET ADDRESS	7800 W OAKLAND PARK BLVD
CITY-ST-ZIP	SUNRISE, FL
TITLE	P
NAME	MORIN, ROBERT
STREET ADDRESS	7800 W OAKLAND PK BLVD
CITY-ST-ZIP	SUNRISE, FL
TITLE	VPS
NAME	LAPIERRE, REJEAN
STREET ADDRESS	7800 2 OAKLAND PK, BLVD
CITY-ST-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800074149338
05/08/06--01015--017 **450.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

REJEAN LAPIERRE

4/26/06

954-749-8802