2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M27594

Principal Place of Business

14205 NE 18TH AVENUE

NORTH MIAMI, FL 33181

INDEFINI DE PARIS COMPANY



Mailing Address

14205 NE 18TH AVENUE NORTH MIAMI, FL 33181

FILED Apr 12, 2004 08:00 AM Secretary of State



01192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2654676

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN

DO NOT WRITE

BLDG 'G' SUNRISE, FL 33351			IN THIS SPACE		
8. The above the obliga	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered office	e or registered agent, or b	oth, in the State of Florida. I am lamiliar with	n, and accept
SIGNATURE.	Signature, typed or printed name of registered againt and title it	f applicable. (NOTE, Registered Agent sig	pnature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUEZ, MARIE ROMAINE 7800 W OAKLAND PARK BLVD BLDG SUNRISE, FL 33351	iG .	U00000109208 04/12/04-80034-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUEZ, DAVID 7800 W OAKLAND PARK BLVD BLDG SUNRISE, FL 33351	G			
TITLE NAME STREET ADDRESS CITY-ST-ZBP			DO	NOT_WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			N	THIS SPACE	
TITLE NAME STREET ADDRESS CRY-ST-ZIP			•	- 	
TITLE NAME STREET ADDRESS CITY: ST-ZIP				•	

12. Thereby certify that the information supplied with this filing does not quality 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 it made under cath, 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURES

DAVID GIAD - U PRES AR-ARAU 954, 240-8802