


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M39789 1. Entity Name RENEE'S INTERNATIONAL CUISINE, INC.	
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Principal Place of Business 3190 WEST HALLANDALE BCH BLVD PEMBROKE PARK, FL 33019	Mailing Address 3190 WEST HALLANDALE BCH BLVD PEMBROKE PARK, FL 33019
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06072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2758161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRUZ, EFRAIN 3190 WEST HALLANDALE BEACH BLVD. PEMBROKE PARK, FL 33019
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRUZ, EFRAIN 3190 W. HALLANDALE BCH. PEMBROKE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CRUZ, BERNICE 3190 W. HALLANDALE BEACH PEMBROKE PARK, FL
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07/02/04-80004-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 amendment with an address, with all other like empowered.

SIGNATURE: EFRAIN CRUZ PRESIDENT Date: 06/09/04 Daytime Phone # _____