

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M54017

1. Entity Name
FLORIDA ETOILE INC.



FILED

05 JUN -6 PM 4:13

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
2500 SW 131 PLACE
MIAMI, FL. 33175 US

Mailing Address
301 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05262005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2821017

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROZENCWAIG & FERRERO-CARR
301 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

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

6/1/05

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVY, RUBEN
C/O 301 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D/S
LEVY, JASUE
C/O 301 W. HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVY, RUBEN
C/O 301 W. HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
100056633631
06/29/05--01004--013 **\$61.25 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05

Date

Daytime Phone #