

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M54557 1. Entity Name ETOILE DEUX, INC.	
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Principal Place of Business 339 E. PALMETTO PARK RD BOCA RATON, FL 33432	Mailing Address C/O ROBERT VOLIN 339 E PALMETTO PARK RD BOCA RATON, FL 33432 US
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FRI Number 65-0021010	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$6.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VOLIN, ROBERT 339 E. PALMETTO PARK RD BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE
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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 (if X) sign (initials) (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!! FEE IS \$550.00
Due by September 8, 2004

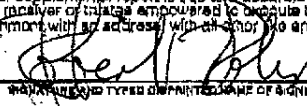
9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLIN, ROBERT 339 E. PALMETTO PARK RD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLIN, ETOILE 339 E. PALMETTO PARK RD. BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 114.07(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 or without the empowered.

SIGNATURE:


PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Do Not Print

7-12-04