


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M54557</b>	
1. Entity Name <b>ETOILE DEUX, INC.</b>	

Principal Place of Business <b>359 E. PALMETTO PARK RD BOCA RATON, FL 33432</b>	Mailing Address <b>C/O ROBERT VOLIN 359 E PALMETTO PARK RD BOCA RATON, FL 33432 US</b>
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0021010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**VOLIN, ROBERT  
359 E. PALMETTO PARK RD  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLIN, ROBERT 359 E. PALMETTO PARK RD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLIN, ETOILE 359 E. PALMETTO PARK RD. BOCA RATON, FL 33432
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01/10/05-80073-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Robert Volin **ROBERT VOLIN V.P.** 1-6-2005 561-392-2449

Signature and typed or printed name of signing officer or director Date Daytime Phone #