

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # M56981

1. Entity Name
FRENCHTEX, INC.



Principal Place of Business
**10200 SW 186TH STREET
MIAMI, FL 33157 US**

Mailing Address
**10200 SW 186TH STREET
MIAMI, FL 33157 US**

DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0007008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LITTMAN, ERIC P. ESQUIRE
1428 BRICKELL AVENUE
SUITE 202
MIAMI, FL 33131**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resetting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000082971
03/10/04-80020-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERS, DON M. 10200 SW 186TH STREET MIAMI, FL 33176, 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARNEY, PATRICIA 10200 SW 186TH STREET MIAMI, FL 33176, 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VARNEY, PATRICIA 10200 SW 186TH STREET MIAMI, FL 33157
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA VARNEY

2/18/04 305-255-4305