

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # M80227	
1. Entity Name FRENCH AFFAIR, INC.	
Principal Place of Business 2637 MALL DR SARASOTA, FL 34231	
Mailing Address 2637 MALL DR SARASOTA, FL 34231	



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0047618	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONS, ALAIN 3970 BAYSHORE RD SARASOTA, FL 34234	
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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 title if applicable (NOTE: Registered Agent signature required when reinstating)	1000000590510 01/18/07-80050-011-150-00
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	MONS, ALAIN 3970 BAYSHORE RD SARASOTA, FL 34234
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	IDORUS, ROSEMARY 2478 LOTTA LINDA SARASOTA, FL 34239
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	1/16/07 941-925344
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