
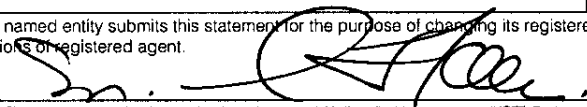
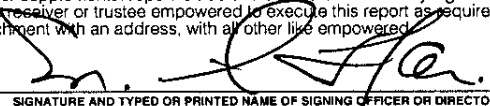


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90008 027 ***150.00

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # M98115 1. Entity Name VENDOME EQUITIES, INC. | | | |  | |
| Principal Place of Business Morrison, Brown, Argiz, & Farra, LLP 1001 BRICKELL BAY DRIVE, 9 MIAMI, FL 33131 | | | | Mailing Address 1001 BRICKELL BAY DRIVE, 9 MIAMI, FL 33131 | |
| 2. Principal Place of Business 1001 Brickell Bay Dr. Suite, Apt. #, etc. 9th floor City & State Miami, FL Zip 33131 | | 3. Mailing Address 1001 Brickell Bay Dr. Suite, Apt. #, etc. 9th floor City & State Miami, FL Zip 33131 | | 08032004 Chg-P CR2E034 (10/03) | |
| Country USA | | Country USA | | 4. FEI Number 65-0080636 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FARRA, MIGUEL G. C/O MORRISON BROWN ARGIZ & Farra, LLP 1001 BRICKELL BAY DRIVE, 9TH floor MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent MORRISON, BROWN, ARGIZ & FARRA, LLP CERTIFIED PUBLIC ACCOUNTANTS 1001 BRICKELL BAY DRIVE - 9th FLOOR MIAMI, FLORIDA 33131 | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE 8/31/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP LAURANS, JEAN-JACQUES 1001 BRICKELL BAY DR, 9TH FLOOR MIAMI, FL 33131 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V FARRA, MIGUEL G 1001 BRICKELL BAY DR, 9TH FLOOR MIAMI, FL 33131 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS POULIN, J.G. 1001 BRICKELL BAY DR, 9TH FLOOR MIAMI, FL 33131 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE 8/31/04 <small>Date</small> | |
| Daytime Phone # | | | | | |