


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N02000002465 1. Entity Name CONFRERIE DU SABRE D'OR, INC.	
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Principal Place of Business 6230 N.W. 23 ST. BOCA RATON, FL 33434	Mailing Address 6230 N.W. 23 ST. BOCA RATON, FL 33434
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02172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0612516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBERT, EVA
6230 N.W. 23 ST.
BOCA RATON, FL 33434

**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 Eva GIBERT President DATE 03.04.2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000084235
03/10/04-80070-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIBERT, EVA 6230 N.W. 23 ST. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NUGENT, RONALD 6230 N.W. 23 ST. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEIKH, SUSAN E 6230 N.W. 23 ST. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 617, 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: Eva GIBERT President DATE 03.04.2004 DAYTIME PHONE # 561 470 0541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR