

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000698

FILED
Mar 15, 2004
Secretary of State**Entity Name:** L'ELITE RICHELIEU NORTH MIAMI, INC.**Current Principal Place of Business:**2860 SOMERSET DR #417
LAUDERDALE LAKES, FL 33311**New Principal Place of Business:****Current Mailing Address:**2860 SOMERSET DR #417
LAUDERDALE LAKES, FL 33311**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAMPEAU, NATHALIE
2860 SOMERSET DR #417
LAUDERDALE LAKES, FL 33311**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: CAMPEAU, NATHALIE
Address: 2860 SOMERSET DR #417
City-St-Zip: LAUDERDALE LAKES, FL 33311**Title:** V () Delete
Name: LEWISON, MARC
Address: 2793 NW 95 AVE
City-St-Zip: CORAL SPRINGS, FL 33065**Title:** S (X) Delete
Name: MIVILLE, FRANCE
Address: 2861 SOMERSET DR #414
City-St-Zip: LAUDERDALE LAKES, FL 33311**Title:** T () Delete
Name: DUHAIME, MADELEINE
Address: 2881 NE 33 CT #6F
City-St-Zip: FT LAUDERDALE, FL 33306**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHALIE CAMPEAU

P

03/15/2004

Electronic Signature of Signing Officer or Director_____
Date