


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000006703

1. Entity Name  
PARTAGE, INC.



FILED  
08 OCT -2 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
150 W. SAMPLE RD  
110  
POMPANO BEACH, FL 33064

Mailing Address  
150 W. SAMPLE RD  
110  
POMPANO BEACH, FL 33064



2. Principal Place of Business - No P.O. Box #  
2027 B N DIXIE HWY  
Suite, Apt. #, etc.  
B

3. Mailing Address  
2027 N DIXIE HWY  
Suite, Apt. #, etc.  
B

05302008 Chg-NP CR2E037 (12/06)

City & State  
Pompano Beach FL

City & State  
Pompano Beach FL

Zip  
33060

Country  
US 4

Zip  
33060

Country  
USA

4. FEI Number  
45-0550671

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
NORELUS, ELUMA  
5237 N. DIXIE HWY #B 1  
FORT LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent  
Name  
ST. HILAIRE DICKENS  
Street Address (P.O. Box Number is Not Acceptable)  
4350 NE 15 TER  
4350 NE 15 TER  
City  
Pompano Beach FL Zip Code  
33064

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 ST. HILAIRE DICKENS DATE 09/10/08

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 September 12, 2008

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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORELUS, ELUMA 5237 N. DIXIE HWY #B 1 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAZILE, RENAUD 121 NE 31ST STREET POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100136618541 10/03/08--01053--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEONARD, EDY 371 NE 38TH ST #2 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ST. HILAIRE, DICKENS 1840 NW 2ND AVE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PABAYOUTE, MAX 150 W SAMPLE RD #110 POMPANO BEACH, FL 33061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEIRRE, DSIAS 5200 SW 9TH STREET MARGATE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: ST. HILAIRE DICKENS DATE 09/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR