2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N16953

1. Entity Name
LES DIPLOMATES, INC.

Principal Place of Business	Mailing Address
C/O CLAUDETTE LAPIERRE 7800 W OAKLAND PK BLVD, BLDG G SUNRISE, FL 33351 US	C/O CLAUDETTE LAPIERRE 7800 W OAKLAND PK BLVD, BLDG G SUNRISE, FL 33351 US

02042004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2720896
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUNDERMEIER, MARYSE
943 NW 53RD ST.
POMPANO BEACH, FL 33064

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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 _____ DATE
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

U00000054985
02/17/04-80018-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LAPIERRE, CLAUDETTE P.
STREET ADDRESS	7800 W OAKLAND PK BLVD, BLDG G
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	SD
NAME	EDWARDS, MADELEINE DUHAIME
STREET ADDRESS	16690 WATER EDGE DRIVE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	PD
NAME	DUBOIS COIL, CHRISTINE
STREET ADDRESS	456 SW 60TH AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
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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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: Claudette Lapierre 02/04/04 954-749-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #