## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000000877**

1. Entity Name

P.C. JACQUES ENTERPRISES INC.



Principal Place of Business

1222 NE 4TH AVE

FORT LAUDERDALE, FL 33304

Mailing Address

1222 NE 4TH AVE

FORT LAUDERDALE, FL 33304

## FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90062 043 \*\*\*150.00

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01052005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0971436

Applied For Not Applicable

5. Certificate of Status Desired \_\_ [

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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LABOSSIERE, MARC PA 1222 NE 4TH AVENUE FORT LAUDERDALE, FL 33304

## DO NOT WRITE IN THIS SPACE

|                                                | named entity submits this statement for the pions of registered agent.        | purpose of changing its registere                                      | ed office or registered a       | gent, or both, in the State of Florida. I am familiar with, a | and accep |
|------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------|-----------|
| SIGNATURE_                                     |                                                                               |                                                                        |                                 |                                                               |           |
| •                                              | Signature, typed or printed name of registered agent and title                | if applicable. (NOTE: Registere                                        | d Agent signature required when | reinstating) DATE                                             |           |
|                                                | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00                   | <ol><li>Election Campaign Finar<br/>Trust Fund Contribution.</li></ol> | scing \$5.00 Added to           |                                                               |           |
| 10.                                            | OFFICERS AND DIREC                                                            | CTORS                                                                  | 1.                              | · · · · · · · · · · · · · · · · · · ·                         |           |
| TITLE<br>Name<br>Street address<br>City-St-Zip | DP<br>JACQUES, CONRAD<br>785 GRAND BLVD., QUEST, ST-BRU<br>QC J3V 5G8 CANADA, | NO                                                                     |                                 |                                                               | •         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>JACQUES, PASCAL<br>785 GRAND BLVD., QUEST, ST-BRU<br>QC J3V 5G8 CANADA, | NO .                                                                   | no man wasaya                   |                                                               | -         |
| TITLE<br>Name<br>Street address<br>City-St-Zip |                                                                               |                                                                        |                                 | DO NOT WRITE                                                  |           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               |                                                                        |                                 | IN THIS SPACE                                                 |           |
| TITLE<br>Name<br>Street address<br>City-St-Zip |                                                                               | 23                                                                     |                                 |                                                               |           |
| TITLE<br>NAME<br>STREET ADDRESS                |                                                                               |                                                                        | and and and and                 |                                                               |           |
| CITY-ST-ZIP                                    |                                                                               |                                                                        |                                 |                                                               | ·         |

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 our furstee empowered floo 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 of the receiver our floor in the receiver our floor of the composition of the receiver our floor 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 of the receiver our floor 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 of the receiver our floor 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 of the receiver our floor execute the report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed in the receiver our floor execute the rece

SIGNATURE:

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