

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012277

Entity Name: LE CROISIC, INC.

FILED  
Apr 23, 2005  
Secretary of State

## Current Principal Place of Business:

180 CRANDON BLVD  
117  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

180 CRANDON BLVD  
117  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 65-0978855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FATAT, ADRIANA  
180 CRANDON BLVD #117  
KEY BISCAYNE, FL 33149 US

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FATAT, ADRIANA  
Address: 180 CRANDON BLVD #117  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA FATAT

OWNE

04/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date