
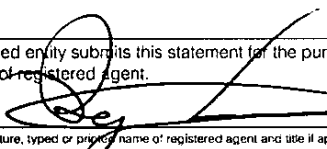
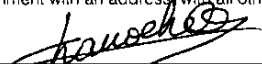


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90441 046 ***150.00

DOCUMENT # P00000013972					
1. Entity Name PIERRE DE FRANCE COMPANY					
Principal Place of Business 3023 FARNHAM O DEERFIELD BEACH, FL 33442			Mailing Address 3023 FARNHAM O DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 6928 NW 33rd STREET Suite, Apt. #, etc.		3. Mailing Address 7800 W OAKLAND PARK BLVD. Suite, Apt. #, etc.		50016079	
City & State MARGATE, FLORIDA		City & State SUNRISE, FLORIDA		4. FEI Number 65-1047162	
Zip 33063		Zip 33351		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		04212006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent LABATE, MARK J 800 SE 3RD AVENUE SUITE 301 FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name LAPIERRE, REJEAN Street Address (P.O. Box Number is Not Acceptable) 7800 W OAKLAND PARK BLVD., SUITE G-121 City SUNRISE FL Zip Code 33351		
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 4/21/06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHE, PIERRE 3023 FARNHAM O DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAROCHE, PIERRE 6928 NW 33rd STREET MARGATE, FLORIDA 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 607, 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: 			DATE 4/21/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 954-749-8600		