

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90023 029 ***150.00

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1. Entity Name
BISTROQUET INC.



Principal Place of Business
**2399 N FEDERAL HWY
BOCA RATON, FL 33431**

Mailing Address
**2399 N FEDERAL HWY
BOCA RATON, FL 33431**

20025922



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03172005 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
65-1012991
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOURJAN, ERIC
2399 N FEDERAL HWY
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOURJAN, ERIC	
STREET ADDRESS	2399 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOURJAN, CLAUDINE	
STREET ADDRESS	2399 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURJAN, ERIC	
STREET ADDRESS	2399 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURJAN, CLAUDINE	
STREET ADDRESS	2399 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: **ERIC Mourjan** 03/30/05 (561) 368-2340
Signature and typed or printed name of signing officer or director Daytime Phone