

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90017 021 ***150.00

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1. Entity Name

LES TUILERIES INVESTMENTS INC.



Principal Place of Business

1000 SEMINOLE DRIVE
FORT LAUDERDALE FL 33304

Mailing Address

1000 SEMINOLE DRIVE
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

52-2252546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORCHIN, DAVID
8211 W BROWARD STE 200
FORT LAUDERDALE FL 33324

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CABANETTES, CHRISTIAN
STREET ADDRESS 8999 SW 52ND ST
CITY-ST-ZIP FORT LAUDERDALE FL 33328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME PEREZ, GERARD
STREET ADDRESS 5985 BUENA VISTA CT
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☒ Change ☐ Addition
NAME 5985 Buena Vista Ct
STREET ADDRESS Boca Raton - FL 33433
CITY-ST-ZIP

TITLE T ☐ Delete
NAME AMARAL, ELISABETE
STREET ADDRESS 8999 SW 52ND ST
CITY-ST-ZIP FORT LAUDERDALE FL 33328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME PEREZ, VERA SOPHIA
STREET ADDRESS 5988 BUENA VISTA CT
CITY-ST-ZIP CANAL POINT FL 33438

TITLE ☐ Change ☐ Addition
NAME 5985 Buena Vista Ct.
STREET ADDRESS Boca Raton - FL 33433
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #