## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment w

**SIGNATURE:** 

## Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # P00000095305** 04-05-2004 90043 014 \*\*\*158.75 TONDREAU AND ASSOCIATES, INC. Mailing Address Principal Place of Business 12000 BISCAYNE BLVD.#313 12000 BISCAYNE BLVD,#313 44064707 NORTH MIAML FL 33181 NORTH MIAMI, FL 33181 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 Cha-P CR2E034 (10/03) Applied For City & State 4. FEt Number City & State 65-1046642 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired $\times \times \times$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TONDREHU, LUCIE TONDREAU, LUCIE 15800 NE 4TH AVENUE Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH, FL 33162 1550 NE 123rd STREET # 104 Zip Code 33161 NORTH MIAMI 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE XX Addition ☐ Delete VICE-PRESIDENT DUPUY, MARIO Change NAME TONDREAU, LUCIE NAME 15800 NE 4TH AVENUE STREET ADDRESS STREET ADDRESS 1550 NE 123rd STREET # 504 CITY-ST-ZP CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 NORTH MIAMI, FLORIDA Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of director of the corporation or the receiver of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

**FILED**