


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90213 048 ***150.00

DOCUMENT # P00000095305 1. Entity Name TONDREAU AND ASSOCIATES, INC.					
Principal Place of Business 12000 BISCAYNE BLVD, #313 NORTH MIAMI, FL 33181 US			Mailing Address 12000 BISCAYNE BLVD, #313 NORTH MIAMI, FL 33181 US		
2. Principal Place of Business 9822 NE 2nd Ave Suite, Apt. #, etc. Suite 7		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI SHORES,		City & State		4. FEI Number 65-1046642	
Zip 33138		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TONDREAU, LUCIE 1550 NE 123RD ST. #104 NORTH MIAMI, FL 33161				7. Name and Address of New Registered Agent Name Lucie Tondreau Street Address (P.O. Box Number is Not Acceptable) 1550 NE 123rd Street # 104 City NORTH MIAMI FL Zip Code 33161	
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: <i>Lucie Tondreau</i> (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. <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	P TONDREAU, LUCIE 15800 NE 4TH AVENUE NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUPUY, MARIO 1550 NE 123RD ST., #504 NORTH MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
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	
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	
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	
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	
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 or without other like empowered.					
SIGNATURE: <i>Lucie Tondreau</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/26/05 (305) 758-5711 Date Daytime Phone #		