

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90017 010 ***150.00

DOCUMENT # P01000038852

1. Entity Name
INDELEC, INC.



Principal Place of Business

**1515 NW 167TH STREET
SUITE 4-110E/F
MIAMI, FL 33169**

Mailing Address

**1515 NW 167TH STREET
SUITE 4-110E/F
MIAMI, FL 33169**

2. Principal Place of Business

C/O GLENN M. COOPER & ASSOCIATES

Suite, Apt. #, etc.

1560 SAWGRASS CORPORATE PARKWAY

City & State
SUNRISE, FL

3. Mailing Address

1560 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, etc.

4th Floor

City & State
SUNRISE, FL

02092004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1097223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, GLENN M ESQ
5201 BLUE LAGOON DRIVE SUITE 100
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name

Glenn M. COOPER, ESQ

Street Address (P.O. Box Number is Not Acceptable)

1560 SAWGRASS CORPORATE PARKWAY

4th Floor

City

SUNRISE

FL

Zip Code

33323

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

Glenn M Cooper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/18/2004

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **LEFORT, ARNAUD**
STREET ADDRESS **61 CHEMIN DES POSTES**
CITY-ST-ZIP **DOUAL, FRANCE, 59500**

TITLE **COO** ☐ Delete
NAME **BONNET, GUILLAUME**
STREET ADDRESS **1200 WEST AVENUE, #1403**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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

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

TITLE ☐ Change ☐ Addition
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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:

G. Bonnet

G. BONNET, C.O.O.

03/01/2004

Date

305-430-9622

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR