

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90101 019 \*\*\*150.00

<b>DOCUMENT # P01000068342</b> 1. Entity Name <b>L'ECOLE DINING SERVICE, INC.</b>			
Principal Place of Business 5692 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463-6504		Mailing Address 5692 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463-6504	
2. Principal Place of Business <b>17753 Raintree Ter.</b> Suite, Apt. #, etc.		3. Mailing Address <b>17753 Raintree Ter.</b> Suite, Apt. #, etc.	
City & State <b>Boca Raton, FL</b> Zip <b>33487</b> Country <b>Palm Beach</b>		City & State <b>Boca Raton, FL</b> Zip <b>33487</b> Country <b>Palm Beach</b>	
4. FEI Number <b>65-1130487</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BONTECOU, PAMELA</b> <b>5692 STRAWBERRY LAKES CIRCLE</b> <b>LAKE WORTH, FL 33463-6504</b>		7. Name and Address of New Registered Agent Name <b>PAMELA BONTECOU</b> Street Address (P.O. Box Number is Not Acceptable) <b>17753 Raintree Ter.</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>	
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 <u><b>Pamela Bontecou</b></u> DATE <b>4/13/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BONTECOU, PAMELA</b> <b>5692 STRAWBERRY LAKES CIRCLE</b> <b>LAKE WORTH, FL 334636504</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PAMELA BONTECOU</b> <b>17753 Raintree Ter.</b> <b>Boca Raton, FL 33487-2265</b>
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 all other like empowered.			
SIGNATURE: <u><b>Pamela Bontecou</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/13/04</b> Daytime Phone # <b>561-998-5673</b>	

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04052004 Chg-P CR2E034 (10/03)