

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90004 013 ***150.00

DOCUMENT # P02000059756

1. Entity Name

PATUREL, INC.



Principal Place of Business

2639 PINEAPPLE AVE.
MELBOURNE FL 32935

Mailing Address

2639 PINEAPPLE AVE.
MELBOURNE FL 32935

2. Principal Place of Business

360 TUSCANY WAY

3. Mailing Address

360 TUSCANY WAY

Suite, Apt. #, etc.

Apt # 310

Suite, Apt. #, etc.

Apt. # 310

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32940

Country

USA

Zip

32940

Country

USA



MOORE

CR2E034 (4/04)

4. FEI Number 52-2369678

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATUREL, KARINE
2639 PINEAPPLE AVE.
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

KARINE PATUREL

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

360 TUSCANY WAY Apt # 310

City

MELBOURNE

FL

Zip Code

32940

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PATUREL, KARINE
STREET ADDRESS 2639 PINEAPPLE AVE.
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE KARINE PATUREL ☐ Change ☐ Addition
NAME
STREET ADDRESS 360 TUSCANY WAY Apt # 310
CITY-ST-ZIP MELBOURNE FL 32940

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

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

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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:

Karine Paturel
KARINE PATUREL

09/04/04

321.752.6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #