

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90021 045 ***150.00

DOCUMENT # P02000062800

1. Entity Name

ROCH BORDENAVE PRODUCTIONS, INC.



Principal Place of Business

110 SEASHORE DR
JUPITER FL 33477-9616

Mailing Address

110 SEASHORE DR
JUPITER FL 33477-9616

2. Principal Place of Business

231 SEASHORE DR

Suite, Apt. #, etc.

3. Mailing Address

231 SEASHORE DR

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33477

Country

USA

Zip

33477

Country

U.S.A.

4. FEI Number

65-1160340

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORDENAVE, ROCH
110 SEASHORE DR
JUPITER FL 33477-9616

7. Name and Address of New Registered Agent

Name

BORDENAVE, ROCH

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

231 SEASHORE DR

City

JUPITER

FL

Zip Code

33477

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

3/7/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BORDENAVE, ROCH
STREET ADDRESS 110 SEASHORE DR
CITY-ST-ZIP JUPITER FL 33477-9616

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BORDENAVE, ROCH
STREET ADDRESS 231 SEASHORE DR
CITY-ST-ZIP JUPITER, FL 33477

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/04 (561) 951-9920

Daytime Phone #