

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000092145

1. Entity Name
BONJOUR DE PARIS, INC.



Principal Place of Business
212 S OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

Mailing Address
212 S OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number
42-1548398

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLINA, ERYON
212 S OLIVE AVENUE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name ANDREAS KOTSIFOS

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

212 S. OLIVE AVENUE

City WEST PALM BEACH FL

Zip Code 33401

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME IRINA, AGAPI
STREET ADDRESS 212 S OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Delete

TITLE PRESIDENT
NAME ANDREAS KOTSIFOS
STREET ADDRESS 212 S. OLIVE AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE VPTD
NAME MOLINA, ERYON
STREET ADDRESS 212 S OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

FILED

06 APR 18 PM 12:33

SECRETARY DATE
TALLAHASSEE, FLORIDA



04/01/06 561-810-9281