2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000003987

1. Entity Name

BOLDUC ENTERPRISES USA, INC.



FILED Apr 17, 2006 08:00 AN Secretary of State

Principal Place of Business

1222 N.E. 4TH AVE. FT. LAUDERDALE, FL 33304 Mailing Address

1222 N.E. 4TH AVE.

FT. LAUDERDALE, FL 33304



03162006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2319430

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LABOSSIERE, MARC 1222 N.E. 4TH AVE. FT. LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

		egeneralije werde je jeden		• •		
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 :						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Financ Trust Fund Contribution. 	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CATY-ST-ZIP	D BOLDUC, ROBERT 860 25TH AVE., LA GUADELOUPE QO CANADA GOM 1G0,			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			a		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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

= 20 -1 m/

4/8-119-3706

Date

Daytime Phone #