

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-09-2004 90054 028 ***150.00

DOCUMENT # P03000006347

*1. Entity Name

OUI DU CREPES, INC.



Principal Place of Business

125 MARSHALL STREET
YELLOW SPRINGS OH 45387
US

Mailing Address

125 MARSHALL STREET
YELLOW SPRINGS OH 45387
US

2. Principal Place of Business

14365 SW 142 ST

3. Mailing Address

Crepemaker, Inc.

Suite, Apt. #, etc.

14365 SW 142 Street

Suite, A

14365 SW 142 Street

City & State

miami FL

City & State

Miami, FL 33186-6726

Zip

33186

Country

USA

Zip

Country

4. FEI Number

65-0765535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, CHRISTOPHER
14365 S.W. 142ND STREET
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

28 FEB 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 ☒ Delete

NAME RAMSBY, BONNIE
STREET ADDRESS 125 MARSHALL STREET
CITY-ST-ZIP YELLOW SPRINGS FL 45387

TITLE ☐ Delete

NAME PRESIDENT
STREET ADDRESS Chris Hoffman
CITY-ST-ZIP 14365 SW 142 ST
miami, FL 33186

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 FEB 04 305
582-7912

Date

Daytime Phone #