

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB 22 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000072050

1. Entity Name
L'OREE DU BOIS, INC.



Principal Place of Business
100 N. BISCAYNE BLVD
700
MIAMI, FL 33132

Mailing Address
100 N. BISCAYNE BLVD
700
MIAMI, FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0072288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILLOY, JOSEPH M
100 N. BISCAYNE BLVD
700
MIAMI, FL 33132

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME FILLOY, JOSEPH M
STREET ADDRESS 100 N. BISCAYNE BLVD, STE 700
CITY-ST-ZIP MIAMI, FL 33132

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 ☐ Change ☒ Addition
NAME FREDERIC BERIAT, P.
STREET ADDRESS 100 N. BISCAYNE BLVD #700
CITY-ST-ZIP MIAMI, FLORIDA 33132

TITLE ☐ Change ☒ Addition
NAME VP
NAME SYLVIE CROIZIER
STREET ADDRESS 100 N. BISCAYNE BLVD #700
CITY-ST-ZIP MIAMI, FLORIDA 33132

TITLE ☐ Change ☐ Addition
NAME 600043433926
STREET ADDRESS 12/15/04--01057--004 **\$550.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600043433926
STREET ADDRESS 03/02/05--01056--016 **\$350.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #