08/02/2024 13:11 9543702776

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 06, 2004 8:00 am**
**Secretary of State**
08-06-2004 90003 027 ***150.00

54067224

DOCUMENT # P03000082332

1. Entity Name
RABALAIS INTERESTS-S, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 300 NO BIRCH RD<br>FT. LAUDERDALE, FL 33304 US | 300 NO BIRCH RD<br>FT. LAUDERDALE, FL 33304 US |

08022004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 300 N. Birch Rd. | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ft. Lauderdale | City & State |
| Zip: 33304 County: Broward | Zip / Country |

4. FEI Number: 56-2381656 ☐ 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 |
|---|---|
| RABALAIS, SCARLETT D<br>300 NO BIRCH RD<br>#312<br>FT. LAUDERDALE, FL 33304 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: Scarlett Rabalais Director 8/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RABALAIS, SCARLETT D<br>300 NO BIRCH RD.<br>FT. LAUDERDALE, FL 33304 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>RABALAIS, SCARLETT D<br>300 NO BIRCH RD<br>FT. LAUDERDALE, FL 33304 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC<br>RABALAIS, SCARLETT D<br>300 NO BIRCH RD<br>FT LAUDERDALE, FL 33304 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AVP<br>CARPENSKI, KIMBERELY A<br>1115 BURTON ST.<br>WOODBRIDGE, VA 22191 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASEC<br>CARPENSKI, KIMBERELY A<br>1115 BURTON ST.<br>WOODBRIDGE, VA 22191 | ☐ 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 |

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: Scarlett Rabalais Director 8/2/04 954-760-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #