2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

01-15-2004 90005 004 ***150.00

06401225

DOCUMENT # P03000089711

1. Entity Name
LA DOLCE VITA, INC. OF CANNES

Principal Place of Business	Mailing Address
C/O PAUL THIBADEAU 50 SOUTH U.S. HIGHWAY ONE, SUITE 200 JUPITER, FL 33477	C/O PAUL THIBADEAU 50 SOUTH U.S. HIGHWAY ONE, SUITE 200 JUPITER, FL 33477
2. Principal Place of Business: C/o Paul Thibadeau	3. Mailing Address: C/o Paul Thibadeau
Suite, Apt. #, etc.: 205 Worth Avenue Suite 306	Suite, Apt. #, etc.: 205 Worth Avenue Ste 306
City & State: Palm Beach, FL	City & State: Palm Beach, FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

01082004 Chg-P CR2E034 (10/03)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THIBADEAU, PAUL
50 SOUTH U.S. HIGHWAY ONE
SUITE 200
JUPITER, FL 33477

7. Name and Address of New Registered Agent

Name: Paul Thibadeau
Street Address (P.O. Box Number is Not Acceptable): 205 Worth Avenue, Suite 306
City: Palm Beach FL Zip Code: 33480

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] 1/8/04
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
After May 1, 2004 Fee will be $550.00

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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SESSA, LEONARD		NAME	
STREET ADDRESS	50 SOUTH U.S. HIGHWAY ONE SUITE 200		STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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] Director 561 8350551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #