

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000103143	
1. Entity Name REPONDEZ S'IL VOUS PLAIT, INC.	
Principal Place of Business 7500 N.W. 25TH STREET SUITE 251 MIAMI, FL 33122-1720	Mailing Address 20021 N.W. 8TH STREET PEMBROKE PINES, FL 33029



01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0508677	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LETOURNEAU, SUZIN
20021 NW 8TH STREET
PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000179141
01/13/05-80007-004 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LETOURNEAU, TOD 20021 NW 8TH STREET PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LETOURNEAU, SUZIN 20021 NW 8TH STREET PEMBROKE PINES, FL 33029
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IN THIS SPACE**

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: *Suzin Letourneau*, Suzin Letourneau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/05 954-326-8771

Daytime Phone #