

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103143

FILED
Mar 22, 2009
Secretary of State

Entity Name: REPONDEZ S'IL VOUS PLAIT, INC.

Current Principal Place of Business:

19451 SHERIDAN ST, 313
PEMBROKE PINES, FL 33332 US

New Principal Place of Business:

19451 SHERIDAN STREET
STE. 313
PEMBROKE PINES, FL 33332 US

Current Mailing Address:

20021 N.W. 8TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

19451 SHERIDAN STREET
STE. 313
PEMBROKE PINES, FL 33332 US

FEI Number: 88-0508677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LETOURNEAU, TOD
20021 NW 8TH STREET
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: TOD LETOURNEAU

03/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LETOURNEAU, TOD
Address: 20021 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T (X) Delete
Name: LETOURNEAU, SUZIN
Address: 20021 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: LETOURNEAU, TOD
Address: 20021 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOD LETOURNEAU

PST

03/22/2009

Electronic Signature of Signing Officer or Director

Date