

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90281 009 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000104575																																																																	
1. Entry Name ETTIQUETTE, INC.																																																																	
Principal Place of Business 555 NE 15TH ST., SUITE 705 MIAMI, FL 33132			Mailing Address 555 NE 15TH ST., SUITE 705 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																																																												
6. Name and Address of Current Registered Agent FROSSARD, FRANCOIS 555 NE 15TH ST., SUITE 705 MIAMI, FL 33132			7. Name and Address of New Registered Agent 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: <u>FRANCOIS FROSSARD - BUSHER</u> DATE: <u>April 27th 2004</u> Signature of officer or director of the corporation or the registered agent, and if applicable, the registered agent's signature (NOTE: Registered Agent signature required when reinstating)																																																																	
9. Election Campaign Financing: ☐ Yes ☒ No \$5.00 May Be Added to Fees 10. Trust Fund Contribution: ☐ Yes ☒ No																																																																	
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>FROSSARD, FRANCOIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>555 NE 15TH ST., SUITE 705</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	D	☐ Delete	NAME	FROSSARD, FRANCOIS		STREET ADDRESS	555 NE 15TH ST., SUITE 705		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		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP														
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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: <u>FRANCOIS FROSSARD</u> DATE: <u>April 27th 2004</u> 305-576-7556 Signature of officer or director of the corporation or the registered agent, and if applicable, the registered agent's signature (NOTE: Registered Agent signature required when reinstating)																																																																	

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04272004 Chg-P CR2E034 (10/03)

 4. FEI Number **61-1458910** Applied For ☐ Not Applicable ☒

 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required