


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90012 032 ***150.00

DOCUMENT # P03000110596 1. Entity Name DAVID CETOUTE, INC.			
Principal Place of Business 5320 NW 11TH ST., #106 LAUDERHILL, FL 33313		Mailing Address 3460 BANKS ROAD APT#202 COCONUT CREEK, FL 33063	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3460 BANKS ROAD APT. #202	
City & State COCONUT CREEK, FL		City & State COCONUT CREEK, FL	
Zip 33063	Country FLORIDA	4. FEI Number 65-1207867	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CETOUTE, DAVID 5320 NW 11TH ST., #106 LAUDERHILL, FL 33313		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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME CETOUTE, DAVID STREET ADDRESS 5320 NW 11TH ST., #106 CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE CETOUTE, DAVID NAME 3460 BANKS ROAD STREET ADDRESS MARGATE, FL 33063 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>DAVID CETOUTE</u> 01/06/05 (954) 325 3254 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			