

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2005 90125 037 ***150.00

DOCUMENT # P03000126309 1. Entity Name LE CHIC BÉBÉ, INC.					
Principal Place of Business 7886 NW 121 WAY PARKLAND, FL 33076 US				Mailing Address 7886 NW 121TH WAY PARKLAND, FL 33076	
2. Principal Place of Business <i>10958 NW 80th Ave</i>		3. Mailing Address <i>10958 NW 80th Ave</i>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____		02172005 Chg-P CR2E034 (10/03)	
City & State <i>Parkland Florida</i>		City & State <i>Parkland Florida</i>		4. FEI Number 20-0366254	
Zip <i>33076</i>		Country <i>BROWARD</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>33076</i>		Country <i>Broward</i>		6. Name and Address of Current Registered Agent ULYSSE, FAYOLLE 7886 NW 121 WAY PARK LAND, FL 33076	
7. Name and Address of New Registered Agent Name <i>FAYOLLE GENOVA</i> Street Address (P.O. Box Number is Not Acceptable) <i>10958 NW 80th Ave</i> City <i>Parkland</i> FL Zip Code <i>33076</i>		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 <i>Fayolle Genova</i> FAYOLLE GENOVA <small>Signature, typed or printed name of registered agent and file 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 \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS					
TITLE	P ULYSSE, FAYOLLE 7886 NW 121 WAY PARK LAND, FL 33076	<input type="checkbox"/> Delete	TITLE	P FAYOLLE GENOVA 10958 NW 80th Ave Parkland FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP Patrick Genova 10958 NW 80th Ave Parkland FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Fayolle Genova</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					