

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055103

Entity Name: L'ETOILE, INC.

FILED
Feb 17, 2005
Secretary of State

Current Principal Place of Business:

550 BILTMORE WAY
#103
CORAL GABLES, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY
#103
CORAL GABLES, FL 33135 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHEBLIKIAN, SHAHEN
550 BILTMORE WAY
#103
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: MOGRABI, SALOMON Z
Address: 550 BILTMORE WAY, #103
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D,VP (X) Delete
Name: RICCARDI, FABIO
Address: 520 BRICKELL KEY DRIVE, SUITE 0-305
City-St-Zip: MIAMI, FL 33131 US

Title: DTS () Delete
Name: GHEBLIKIAN, SHAHEN
Address: 550 BILTMORE WAY, #103
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOGRABI, SALOMON Z
Address: 550 BILTMORE WAY, #103
City-St-Zip: CORAL GABLES, FL 33134 US

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

Title: DPTS (X) Change () Addition
Name: GHEBLIKIAN, SHAHEN
Address: 550 BILTMORE WAY, #103
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAHEN A. GHEBLIKIAN

DPTS

02/17/2005

Electronic Signature of Signing Officer or Director

Date