

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000091888**

1. Entity Name  
**TARDIEU GROUP INC**



Principal Place of Business  
**8600 NW 30 TERR STE B  
MIAMI, FL 33122**

Mailing Address  
**8600 NW 30 TERR STE B  
MIAMI, FL 33122**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-1094432**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TARDIEU, PATRICK  
8600 NW 30TH TERR  
MIAMI, FL 33122**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000789165  
01/22/08-80015-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	TARDIEU, PATRICK S
STREET ADDRESS	8600 NW 30 TERR STE B
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	V
NAME	TARDIEU, FABRICE
STREET ADDRESS	8600 NW 30 TERR STE B
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/08**

Date

**305 594 8228**

Daytime Phone #