

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000093888

1. Entity Name  
TOUSSAINTS PHOTO AND BIBLE STORE, INC.



**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
5205 N.E. 2ND AVENUE  
MIAMI, FL 33137

Mailing Address  
5205 N.E. 2ND AVENUE  
MIAMI, FL 33137



04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1375879

Applied For  
Not Applicable

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

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

TOUSSAINT, ETIENNE  
6641 FICUS DRIVE  
MIRAMAR, FL 33023

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TOUSSAINT, ETIENNE
STREET ADDRESS	6641 FICUS DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VP
NAME	GARCON, RENETTE
STREET ADDRESS	445 N.E. 90TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000521849  
05/03/06-80005-018 150.00

**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

04/10/ 2006

Date

Daytime Phone #