2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State
07-22-2005 90018 005 ***158.75

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1. Entity Name
AUGUSTE ENTERPRISES, INC.

50056946

07142005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7531 ORLEANS STREET HOLLYWOOD, FL 33023	7531 ORLEANS STREET HOLLYWOOD, FL 33023

2. Principal Place of Business	3. Mailing Address
3780 N. JOG ROAD	3780 N. JOG ROAD
Suite, Apt. #, etc.: 205	Suite, Apt. #, etc.: 205
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33411 Country: USA	Zip: 33411 Country: USA

4. FEI Number 83-040 9151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMON, JOSE
7909 EMBASSY BLVD
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

Name: CARLOS PEREZ
Street Address (P.O. Box Number is Not Acceptable): 5300 45TH STREET
UNIT D
City: WEST PALM BEACH, FL Zip Code 33407

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	AUGUSTE, IELVRE M	
STREET ADDRESS	7531 ORLEANS STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	PRESIDENT / CEO	☐ Delete
NAME	NADEGE C. AUGUSTE	
STREET ADDRESS	904 GARDNER STREET SUITE 6	
CITY-ST-ZIP	WEST HOLLYWOOD, CA 90046	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Nadege Auguste 7/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #