2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2008 8:00 am Secretary of State DOCUMENT # P04000129046 1. Entity Name 04-21-2008 90044 010 ***158.75 AUGUSTE ENTERPRISES, INC. Principal Place of Business Mailing Address 2323 HOLLYWOOD BOULEVARD 435 SOUTH BROADWAY HOLLYWOOD FL 33020 YONKERS NY 10705 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 83-0409151 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, CARLOS Street Address (P.O. Box Number is Not Acceptable) 5300 45TH STREET UNIT D WEST PALM BEACH FL 33407 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered attent and late if applicable. (NOTE: Registated Apont sometime reducted when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ... OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCEO **PCEO** Delete TITLE M Addition NAME AUGUSTE, IELVRE M NAME KADIDIA TRACRE 14 FAIRFIELD ROAD STREET ADDRESS STREET ADDRESS 14 FAIRFIELD ROAD CITY-ST-ZIP YONKERS NY 10705 CITY - ST- ZIP YONKERS, NY 10705 TIME Defete ПΠЕ Change Addition LGUSTE, NAVEGE AUGUSTE, NADEGE C NAME MAME STREET ADDRESS 904 GARDNER STREET STREET ADDRESS 904 GARDNER STREET CITY-ST-ZIP WEST HOLLYWOOD CA 90046 CITY-ST-ZIP JEST Hollywood ACA 90046 ☐ Delete TITLE ☐ Addition UGOSTE, IELVREM. NEME NAME STREET ADDRESS STREET ADORESS 2000 BUCHANAN STREET, #26 CiTy-St-7i2 CITY-ST-7/P Hollywood, FL 33020 TITLE Delete TIFLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST- 7P TITLE ☐ Delete TITLE ☐ Change Addition NAME 1971 -STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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. if changed, or on an attachment with an address.

SIGNATURE AND TUPO OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR

SIGNATURE: _

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