

P04000129487

FILED

05 MAY 24 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000129487
1. Entity Name
Je Suis La Bonne Vie Global Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 950 Carolina Avenue Suite, Apt. #, etc.		3. Mailing Address 950 Carolina Avenue Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, Florida	
Zip 33312	Country USA	Zip 33312	Country USA

4. FEI Number 20-1632797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name Michael L. Kinneel	
Street Address (P.O. Box Number is Not Acceptable)	
950 Carolina Avenue	
City Fort Lauderdale, FL	Zip Code 33312

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE	President/CEO/Director	TITLE	
NAME	Michael L. Kinneel	NAME	
STREET ADDRESS	950 Carolina Avenue	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33312	CITY-ST-ZIP	
TITLE	Exec.VP/Director/Vice Chairperson	TITLE	
NAME	Sheral Kinneel	NAME	
STREET ADDRESS	950 Carolina Avenue	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33312	CITY-ST-ZIP	
TITLE	Board Advisor/Ex-officio Member	TITLE	
NAME	Clifton H. Rodriguez, CPA	NAME	
STREET ADDRESS	3146 NW 68 Street	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33309	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael L. Kinneel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2005

Date

Daytime Phone #