## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000049812

Title:

Name:

Address:

City-St-Zip:

FILED Apr 09, 2009 Secretary of State

	ie: R&B MUL1				
Current Principal Place of Business:			New Principal Place of Business:		
	TH DIXIE HWY RTH, FL 33460				
Current Mailing Address:		New Mailing Address:			
PO BOX 3904 WEST PALM BEACH, FL 33462		1001 UPLAND RD WEST PALM BEACH, FL 33401			
FEI Number:	57-1234267	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status De	sired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1001 UPLA	SSE, REGINALI ND RD M BEACH, FL				
The above in the State	named entity su of Florida.	ubmits this statement for the p	ourpose of changing it	s registered office or registered age	ent, or both,
The above in the State	of Florida. E:	·			ent, or both,
in the State SIGNATUR	of Florida. E:Electronic	c Signature of Registered Age		s registered office or registered age Date	ent, or both,
in the State SIGNATUR Election Cam	of Florida. E:Electronic	c Signature of Registered Age Trust Fund Contribution ( ).	ent		
in the State SIGNATUR Election Cam	of Florida. Electronic spaign Financing AND DIRECT	c Signature of Registered Age Trust Fund Contribution ( ).  ORS: Delete HILIPPE KIE HWY	ent	Date	
in the State SIGNATUR Election Cam OFFICERS Title: Name: Address:	of Florida.  Electronic  paign Financing  AND DIRECT  CEO () II  LOUIS JEUNE, P  1012 SOUTH DIX  LAKE WORTH, F	C Signature of Registered Age Trust Fund Contribution ( ).  ORS: Delete HILIPPE SIE HWY L 33460 Delete LER SIE HWY	ADDITION Title: Name: Address:	Date S/CHANGES TO OFFICERS AND	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: REGINALE DURANDISSE 04/09/2009 0

( ) Delete

( ) Change (X) Addition

DURANDISSE, REGINALE

WEST PALM BEACH, FL 33401

1001 UPLAND RD