

Apr 10 07 10:26a

Jorge M. Villalman

4/12/20

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-12-2007 90039 028 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000106255			
1. Entry Name MONIQUE TOUZARD INC			
Principal Place of Business 500 NE 3 STREET 112 HALLANDALE, FL 33009 US		Mailing Address 500 NE 3 STREET 112 HALLANDALE, FL 33009 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent TOUZARD, MONIQUE 500 NE 3 STREET 112 HALLANDALE, FL 33009		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. This report is submitted 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 _____			
FILE MONTHLY FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		7. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Fee Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 justice empowered to execute the 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 another person empowered.			
SIGNATURE: <u>Monique Touzard (President)</u> 4/10/07			

PTIN
500-56-6369