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Jun 05, 2008 8:00 am
Secretary of State
05-05-2008 90232 027 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000047535

1. Entity Name
MICHEL J. OUELLET SERVICES, INC.

66013404

01072008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1828 NE 49TH COURT POMPANO BEACH, FL 33064	1828 NE 49TH COURT POMPANO BEACH, FL 33064
2. Principal Place of Business - No P.O. Box #: 2600 NE 12th TER	3. Mailing Address: 2600 NE 12th TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach Fl	City & State: Pompano Beach Fl
Zip: 33064-6910 Country: USA	Zip: 33064-6910 Country: USA

4. FEI Number: 20-8924439 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OUELLET, MICHEL J
1828 NE 49TH COURT
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OUELLET, MICHEL J 1828 NE 49TH COURT POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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: Michel Ouellet 04/30/08
SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #