

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071411

FILED
Jun 29, 2009
Secretary of State

Entity Name: POISSON CRU CORP

Current Principal Place of Business:

19851 BRECKENRIDGE DR.
504
ESTERO, FL 33928 US

New Principal Place of Business:

4295 BONITA BEACH ROAD
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

19851 BRECKENRIDGE DR.
504
ESTERO, FL 33928 US

New Mailing Address:

FEI Number: 26-3123982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOL, JESSICA
19851 BRECKENRIDGE DR.
504
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: ACOL, JESSICA
Address: 19851 BRECKENRIDGE DR. #504
City-St-Zip: ESTERO, FL 33928 US

Title: S, T () Delete
Name: ACOL, JESSICA
Address: 19851 BRECKENRIDGE DR. #504
City-St-Zip: ESTERO, FL 33928 US

Title: D () Delete
Name: ACOL, JEFFREY
Address: 19851 BRECKENRIDGE DR. #504
City-St-Zip: ESTERO, FL 33928 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JESSICA ACOL

P.D

06/29/2009

Electronic Signature of Signing Officer or Director

Date