

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2004 08:00 AM
Secretary of State**

DOCUMENT # P93000054100

1. Entity Name
SOCIAL CLUB LE RENDEZ-VOUS INC.



Principal Place of Business

**4850 NW 29TH CT
123
LAUDERDALE, FL 33313 US**

Mailing Address

**4850 NW 29TH CT
123
LAUDERDALE, FL 33313 US**



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0442765** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBITAILLE, ROBERT
4850 N.W. 29TH COURT
UNIT 123
LAUDERDALE LAKES, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ROBITAILLE, ROBERT**
STREET ADDRESS **4850 N.W. 29TH COURT UNIT 123**
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33313**

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04/21/04-80051-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT ROBITAILLE Per **2/17/04 954-749-8802**