


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91026 010 ***150.00

DOCUMENT # P94000078112 1. Entity Name SOCIETE CIVILE OF FLORIDA, INC.					
Principal Place of Business C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA - SUITE 1202 CORAL GABLES, FL 33134			Mailing Address C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA - SUITE 1202 CORAL GABLES, FL 33134		
2. Principal Place of Business SOCIETE CIVILE OF FLORIDA INC.		3. Mailing Address 2501 BRICKELL AVE			
Suite, Apt. #, etc. 2501 BRICKELL AVE # 909		Suite, Apt. #, etc. 909			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0533781	
Zip 33129		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33129		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C/O KARP and GENAUER - P.A. 2 ALHAMBRA PLAZA - SUITE 1202 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name JP DELOCK 2501 BRICKELL AVE. Street Address (P.O. Box Number is Not Acceptable) # 909 City MIAMI FL Zip Code 33129		
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: <u><i>JEAN PIERRE DELOCK</i></u> JEAN PIERRE DELOCK 04/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	DPS DECOCK, JEAN-PIERRE <input type="checkbox"/> Delete 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>JEAN PIERRE DELOCK</i></u> JEAN PIERRE DELOCK 04/21/04 3058549806 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					