

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000078112

**Entity Name:** SOCIETE CIVILE OF FLORIDA, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4240 GALT OCEAN DR.,  
2205  
FT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

4240 GALT OCEAN DR.,  
2205  
FT LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 65-0533781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DECOCK, JEAN-PIERRE M PRESID.  
4240 GALT OCEAN DR.,  
2205  
FT LAUDERDALE, FL 33308 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: DECOCK, JEAN-PIERRE  
Address: 4240 GALT OCEAN DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby 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 all other like empowered.

SIGNATURE: JEAN PIERRE DECOCK

Electronic Signature of Signing Officer or Director

DPS

01/07/2011

Date