03 MAR POI PHIZ: 17 DOCUMENT # P95000004592 Paquet Enterprises, Inc. 500014449545 03/24/03--01001--014 **150.00 DO NOT WRITE IN THIS SPACE 500014449545 3. Mailing Address 2. Principal Place of Business 03/24/03--01001--013 **150.00 1249 Stirling Road 1249 Stirling Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 10 4. FEI Number 65-0558389 Applied For City & State City & State Not Applicable Dania, Fl. Dania, Florida \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 33304 33304 7. Name and Address of Current Registered Agent -Paquet, Claude L. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1249 Stirling Road #10 IN THIS SPACE Zip Code 33304 City Dania 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. (NOTE: Registered Agent smature remarked when reinstalling) Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11 TITE. Paquest, Claude L. NAME₁ NANE 1249 Stirling Road #10 STREET ADDRESS STEEL ADDRESS Dania, Fl. 33304 CITY-ST-ZIP City-St-ZIP TITLE ... TITLE NAME: 🍇 NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE : TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME ** NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 13. 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 it used empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, withfull other like empowered. SIGNATURE: Date SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO Daytime Phone #

J1 3/18

Paquet Enterprises, Inc.

March 10, 2003

Department of State
Annual Reports Filing
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Gentlemen,

Please find enclosed a 2002 annual report for my company. I was out of the country for the first six month of the year and notice that we have never paid the annual report for 2002.

In light of these circumstances, I would appreciate that you wave the late payment penalty.

Sincerel

Claude Paquet

President