

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90202 036 ***150.00

DOCUMENT # P96000081521

1. Entity Name

SOLEIL FLORIDA CORP.



Principal Place of Business

339 JEFFERSON ROAD
PARSIPPANY NJ 07054

Mailing Address

339 JEFFERSON ROAD
PARSIPPANY NJ 07054

2. Principal Place of Business

3. Mailing Address

1 Campus Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Parsippany NJ

Zip

Country

Zip

Country

07054

USA

4. FEI Number

13-3921720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BUCKMAN, JAMES E
STREET ADDRESS 9 WEST 37TH STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, RICHARD A
STREET ADDRESS 1 CAMPUS DRIVE
CITY-ST-ZIP PARSIIPPANY NJ 07054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME SMITH, RICHARD A
STREET ADDRESS 1 CAMPUS DRIVE
CITY-ST-ZIP PARSIIPPANY NJ 07054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PCEO ☐ Delete
NAME BECKER, ROBERT M
STREET ADDRESS 339 JEFFERSON RD
CITY-ST-ZIP PARSIIPPANY NJ 07054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS *VP and Secretary* ☐ Delete
NAME BOCK, ERIC J
STREET ADDRESS 9 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP *EVP* ☐ Delete
NAME BUCKMAN, JAMES
STREET ADDRESS 9 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph Huber

Joseph Huber

4-28-04

973-496-7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #