

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90070 039 ***150.00

DOCUMENT # P96000098533

1. Entity Name
ANDRE RAYMOND INVESTMENTS, INC.



Principal Place of Business
**618 N. BIRCH ROAD
FORT LAUDERDALE, FL 33304**

Mailing Address
**618 N. BIRCH ROAD
FORT LAUDERDALE, FL 33304**

24002512



2. Principal Place of Business
2176 NE 62nd Court
Suite, Apt. #, etc.

3. Mailing Address
2176 NE 62nd Court
Suite, Apt. #, etc.

01092004 Chg-P CR2E034 (10/03)

City & State
Fort Lauderdale, FL
Zip
33308 Country
USA

4. FEI Number
65-0711627
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VIVIES, PATRICK
700 E DANIA BEACH BLVD
SUITE 202
DANIA, FL 33004**

7. Name and Address of New Registered Agent

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**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **PD RAYMOND, ANDRE** ☐ Delete
STREET ADDRESS **618 N. BIRCH ROAD**
CITY - ST - ZIP **FORT LAUDERDALE, FL 33304**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD Raymond, Andre** ☒ Change ☐ Addition
STREET ADDRESS **2176 NE 62nd Court**
CITY - ST - ZIP **Fort Lauderdale, FL 33308**

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

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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: Andre Raymond **ANDRE RAYMOND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 14/04
Date

954-776-6614
Daytime Phone #