

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90037 036 \*\*\*150.00

**DOCUMENT # P97000046911**

1. Entity Name  
**LES TROIS AMIS DU SUD, INC.**



Principal Place of Business  
**1001 S MIAMI AVE  
MIAMI, FL 33179**

Mailing Address  
**2000 S BAYSHORE DRIVE  
MIAMI, FL 33133**

40001815

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**465 ROVINO AVE**  
Suite, Apt. #, etc.

City & State  
**Coral Gables FL**

Zip  
**33131** Country

Zip  
**33156** Country  
**USA**



01122005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0758083**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCHWARTZ, WAYNE  
2000 S BAYSHORE DR  
#48  
MIAMI, FL 33133**

7. Name and Address of New Registered Agent  
Name  
**WAYNE SCHWARTZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**465 ROVINO AVE**  
City  
**Coral Gables** FL Zip Code  
**33156**

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 **Wayne Schwartz** (Signature, typed or printed name of registered agent and title if applicable.)  
DATE **1/5/05** (NOT: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	ST SCHWARTZ, WAYNE 2000 S BAYSHORE DR #48 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Wayne Schwartz 465 ROVINO AVE Coral Gables FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORMOULES-HOULES, ERIC 1001 S MIAMI AVE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORMOULES-HOULES, JEROME 1001 S MIAMI AVE MIAMI, FL 33129 <input type="checkbox"/> Delete	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: **Wayne Schwartz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/5/05** Daytime Phone # **3056694747**