## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000087008**

1. Entity Name

SELECT GALLERY OF FLORIDA, INC.



FILED
May 02, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

205 WORTH AVENUE

205 WORTH AVENUE

303 PALM BEACH, FL 33480

PALM BEACH, FL 33480



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0790336

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BRIAN, PHILIPPE J 205 WORTH AVENUE 303

PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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.

10.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE AS STUBER, JAMES A NAME 301 CLEMATIS STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE GANIVET, JEAN-LUC NAME 12 IMPASSE DE L' ESCAL STREET ADDRESS 13008 MARSEILLE, FRANCE, CHIY-SI-7IP DSTV TITLE GANIVET, FRANCE M. NAME 12 IMPASSE DE L' ESCAL STREET ADDRESS CITY-ST-ZIP 13008 MARSEILLE, FRANCE, TITLE BRIAN, PHILIPPE J NAME 205 WORTH AVENUE STE 303 STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/08

5612144445

Daytime Phone #