FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Jul 29, 2004 8:00 am
Secretary of State
07-16-2004 90006 045 ***150.00

DOCUMENT # P97000106898

1. Entity Name: Cardin Enterprises Inc

DOCUMENT NUMBER-P97000106898

DO NOT WRITE IN THIS SPACE

66430868 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1665 S. atlantic ave	1665 S. atlantic ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Bch FL	City & State: Ormond Bch FL
Zip: 32176 Country: USA	Zip: 32176 Country: USA

4. FEI Number: 59-3330415 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jean R Pierre

Street Address (P.O. Box Number is Not Acceptable): 1665 S. atlantic ave

City: Ormond Bch FL Zip Code: 32176

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: Jean Rene Pierre 6-7-2004
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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

TITLE: PRESIDENT	TITLE:
NAME: JEAN RENE PIERRE	NAME:
STREET ADDRESS: 166 SOUTH ATLANTIC AVE	STREET ADDRESS:
CITY-ST-ZIP: ORMOND BEACH FL 32176	CITY-ST-ZIP:
TITLE: VICE PRESIDENT	TITLE:
NAME: SANDRA LISA PIERRE	NAME:
STREET ADDRESS: 166 SOUTH ATLANTIC AVE	STREET ADDRESS:
CITY-ST-ZIP: ORMOND BEACH FL 32176	CITY-ST-ZIP:
TITLE: SECRETARY	TITLE:
NAME: GENA PIERRE	NAME:
STREET ADDRESS: 166 SOUTH ATLANTIC AVE	STREET ADDRESS:
CITY-ST-ZIP: ORMOND BEACH FL 32176	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
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STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jean Rene Pierre 7-26-2004 386-673-0283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

66430868

[redacted] #P97000106898

To whom it may concern,

The payment of the Corpation is late due to the fact that I never recieved a Notice in the mail. In the past we have been given notification.

Also, The officers of the corparation are still the same. All of the information concerning the corpation have stayed the same.

Thank you

[redacted]