

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-12-2004 90206 032 ***150.00

DOCUMENT # P98000006926

1. Entity Name
F.W. DOCTEUR CO.



Principal Place of Business

C/O WILFRID DOCTEUR
535 OPA LOCKA BLVD.
MIAMI, FL 33168

Mailing Address

C/O WILFRID DOCTEUR
535 OPA LOCKA BLVD.
MIAMI, FL 33168

24074010



03042003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOCTEUR, WILFRID
535 OPA LOCKA BLVD.
MIAMI, FL 33168

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOCTEUR, WILFRID
STREET ADDRESS	535 OPA LOCKA BLVD.
CITY-STATE-ZIP	MIAMI, FL 33168
TITLE	VPD
NAME	DOCTEUR, MARC R
STREET ADDRESS	535 OPA LOCKA BLVD.
CITY-STATE-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #