

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90002 037 \*\*\*555.00

**DOCUMENT # P99000010461**



1. Entity Name  
**ADOLPHE TAKE OUT RESTAURANT, PRODUCE, FRUITS & VEGETABLES FLEA MARKET, INC.**

Principal Place of Business Mailing Address  
**43B NE 54TH ST. MIAMI FL 33138** **271 NE 54TH STREET MIAMI FL 33137**

2. Principal Place of Business **Same as above**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0890275** Applied For Not Applicable

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



MOORE CR2E034 (4/04)

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**UNION ENTERPRISES, INC.**  
**790 NE 155TH ST.**  
**MIAMI FL 33162**

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 **N/A** DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ADRAS, ADOLPHE<br>271 NE 54TH ST.<br>MIAMI FL 33138     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ST. FLEUR, GINETTE<br>271 NE 54TH ST.<br>MIAMI FL 33138 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>N/A</b>  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>N/A</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>N/A</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>N/A</b>  | <input type="checkbox"/> Delete            |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>N/A</b>                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>N/A</b>                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>N/A</b>                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>N/A</b>                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>N/A</b>                                     | <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: **[Signature]** DATE **9/8/2004**