2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000043410

1. Entity Name
LE PAVILLON RESTAURANT INC.

FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business
486 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
486 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

07212008 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0918897

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHANCE MARCELLUS, KITT
170 NE 158 STREET
BISCAYNE GARDENS, FL 33162

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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: President 7/21/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	CHANCE MARCELLUS, KITT
STREET ADDRESS	170 NE 158 STREET
CITY-ST-ZIP	BISCAYNE GARDENS, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/09/08-80007-007 150.00

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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: 7/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #