

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90050 017 ***150.00

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1. Entity Name
BLEU BLANC ROUGE, INC.



Principal Place of Business

~~1405 PLUNKETT STREET~~ **2704 NW**
~~HOLLYWOOD, FL 33020~~ **112 AVE**

Mailing Address

~~1405 PLUNKETT STREET~~ **2704 NW 112 AVE**
~~HOLLYWOOD, FL 33020~~ **MIAMI, FL 33172**

03052004



DO NOT WRITE IN THIS SPACE

03052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0927169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELBEZE, VALERIE M
1405 PLUNKETT STREET
HOLLYWOOD, FL 33020

**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 \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELBEZE, VALERIE M
STREET ADDRESS	1405 PLUNKETT STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	D
NAME	ELBEZE, VICTOR
STREET ADDRESS	1405 PLUNKETT STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - 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 #