
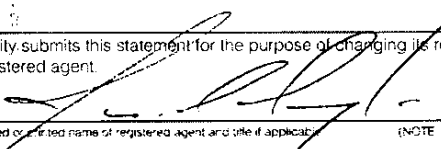
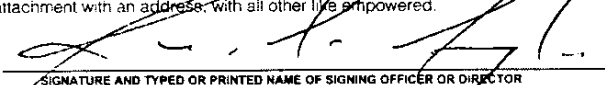


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90135 047 ***150.00

DOCUMENT # P99000054089 1. Entity Name ALLEZ FRANCE, CORP.					
Principal Place of Business 400 NE 3RD ST. BOCA RATON, FL 33432			Mailing Address 400 NE 3RD ST. BOCA RATON, FL 33432		
2. Principal Place of Business, No P.O. Box # 401 NE 2ND ST.		3. Mailing Address P.O. Box 812691			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 65-0942919	
Zip 33432		Country U.S.A		Applied For <input type="checkbox"/> Not Applicable	
Zip 33432		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMEGLIO, JORGE J 400 NE 3RD ST. 401 NE 2ND ST. BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name JORGE J. AMEGLIO Street Address (P.O. Box Number is Not Acceptable) 401 NE 2ND ST. City Boca Raton FL Zip Code 33432	
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:  DATE: 3/5/07 <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when certifying)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AMEGLIO, JORGE J 400 NE 3RD ST. BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JORGE J. AMEGLIO P.O. BOX 812691 BOCA RATON, FL 33481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMEGLIO, MARIE-PIERRE 400 NE 3RD ST. BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 I am empowered.					
SIGNATURE: 			Date: 3/5/07 Daytime Phone #: 561-3063332		