2004 FOR PROFIT CORPORATION

Apr 08, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000057473 1. Entity Name CLAUDE EYCHENNE INC. Principal Place of Business Mailing Address 2852 E. OAKLAND PARK BLVD. 2852 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 No Chg-P CR2E034 (10/03) 01262004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0929665 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VIVIES, PATRICK 700 E. DANIA BEACH BLVD. SUITE 202 IN THIS SPACE **DANIA, FL 33004** 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PDTS TITLE EYCHENNE, CLAUDE NAME 2852 EAST OAKLAND PARK BLVD. STREET ADDRESS FORT LAUDERDALE, FL 33306 CITY-ST-ZIP TITLE NAME U00000106309 STREET ADDRESS U4/U8/U4-80010-013 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 or powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiv changed, or on an attachment

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

954565 774,

FILED