

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S54516

1. Entity Name
THE LUPIEN GROUP, INC.



Principal Place of Business
1000 PONCE DE LEON BLVD.
STE 306
CORAL GABLES, FL 33134 US

Mailing Address
1000 PONCE DE LEON BLVD.
STE 306
CORAL GABLES, FL 33134 US

FILED

04 SEP -3 PM 3:57

06/06/04 RET. 011-15875



08312004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0270913

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUPIEN, SUSAN
90 EDGEWATER DR 811
MIAMI, FL 33133

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUPIEN, SUSAN
90 EDGEWATER DRIVE
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

8/31/04 305-529-0423

Date

Daytime Phone #



THE LUPIEN GROUP

MARKETING & STRATEGIC BUSINESS DEVELOPMENT

August 31, 2004

Division of Corporations

P.O. Box 6198

Tallahassee, FL 32314

To Who It May Concern,

Attached is the copy of the Corporate Annual Report form. I understand that the original did not have my signature and was returned. I did not receive the returned form and, am therefor attaching the downloaded form.

I am sorry for the original omission.

Sincerely,

Susan M. Lupien

President