
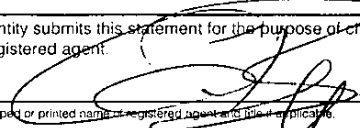
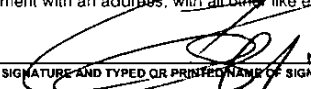


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90171 039 ***150.00

DOCUMENT # S56561 1. Entity Name GEORGES BOURGOIGNIE, INC.					
Principal Place of Business 5875 SW 57TH ST MIAMI, FL 33156				Mailing Address 5875 SW 57TH ST MIAMI, FL 33156	
2. Principal Place of Business 1651 Collins Ave.		3. Mailing Address 1651 Collins Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number 65-0266040	
Zip 33139		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 BOURGOIGNIE, GEORGES 5875 SW 57TH ST MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Bourgoignie, Georges Street Address (P.O. Box Number is Not Acceptable) 1651 Collins Avenue City Miami Beach, FL Zip Code 33139	
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 4/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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	D BOURGOIGNIE, GEORGES <input type="checkbox"/> Delete 5875 SW 57TH ST - 1651 Collins Ave. MIAMI, FL 33156 - Miami Beach, FL 33139 <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	
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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 like empowered.					
SIGNATURE:  Georges Bourgoignie Date 4/24/06 Daytime Phone # 305-604-9191					