2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # S99448

1. Entity Name DUFOUR ENTERPRISES, INC.



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

330 NW 25TH CT.

330 NW 25TH CT.

POMPANO BEACH, FL 33064

POMPANO BEACH, FL 33064

US



03082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0297646

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIDIER MARIE-PAULE

331 NW 25TH CT POMPANO BEACH, FL 33064			IN THIS SPACE d office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
	named entity submits this statement for the pulions of registered agent.	ntbose of changing its registered	onice or re	adisteled adent' of or	an, in the state of Fiorida. I am familiar with, and accept
SIGNATORE	Signature, typed or printed name of registered agent and filto if	applicable (NOTE Registered A	gent signature	roquired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	PD DIDIER, MARIE-PAULE 330 NW 25TH CT POMPANO BEACH, FL 33064			U00000133048 04/27/04-80072-018 150.00	
TITLE NAME STREET ADDRESS CITY -ST-ZIP	SD DIDIER, PAUL 330 NW 25TH CT POMPANO BEACH, FL 33064				
TITLE HAME STREET ADDRESS CITY-ST-JIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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:

NAME STREET ADDRESS