


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # V32288 1. Entity Name JACQUES BENEDICT USA, INC.	
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Principal Place of Business % JORDEN BURT, ET AL. 777 BRICKELL AVENUE, #500 MIAMI, FL 33131-2803 US	Mailing Address % JORDEN BURT, ET AL. 777 BRICKELL AVENUE, #500 MIAMI, FL 33131-2803 US
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0337708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BURT, FRANK G ESQ.
% JORDEN BURT BERENSON & JOHNSON LLP
777 BRICKELL AVENUE, SUITE 500
MIAMI, FL 33131-2803**

**DO NOT WRITE
IN THIS SPACE**

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**

1000000165365
07/13/04-80003-013 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS FONTAINE, JACQUES 39, BLVD. DE LA REPUBLIQUE SAINT CLOUD, FR 192210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURT, FRANK G 777 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

Date

Daytime Phone #

Assistant Sec **7-1-04** **202-965-8140**