

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61733

**FILED**  
**Mar 04, 2004**  
**Secretary of State**

**Entity Name:** AU CASHMERE, INC.

**Current Principal Place of Business:**

1300 THIRD ST S., STE 103D  
NAPLES, FL 34102 US

**New Principal Place of Business:**

325 WORTH AVE. VIA DE MARIO  
SUITE 5  
PALM BEACH, FL 33480 US

**Current Mailing Address:**

1300 THIRD ST S., STE 103D  
NAPLES, FL 34102 US

**New Mailing Address:**

325 WORTH AVE. VIA DE MARIO  
SUITE 5  
PALM BEACH, FL 33480 US

FEI Number: 65-0354432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POITOUT, GUY  
5080 N OCEAN DR  
APT 1A  
SINGER ISLAND, FL 33404 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: POITOUT, GENEVIEVE,  
Address: 5080 N. OCEAN DR, STE 1A  
City-St-Zip: SINGER ISLAND, FL 33404

Title: DVT ( ) Delete  
Name: POITOUT, GUY  
Address: 5080 N. OCEAN DR, STE 1A  
City-St-Zip: SINGER ISLAND, FL 33404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: POITOUT, GENEVIEVE  
Address: 5080 N. OCEAN DR, STE 1A  
City-St-Zip: SINGER ISLAND, FL 33404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENEVIEVE POITOUT

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03/04/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date