

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000019977

**Entity Name:** NEW FOUR, INC.

**Current Principal Place of Business:**

205 WORTH AVENUE  
SUITE 303  
PALM BEACH, FL 33480

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC4211613850**

**Current Mailing Address:**

205 WORTH AVENUE  
SUITE 303  
PALM BEACH, FL 33480 US

**FEI Number:** 26-2070922

**Certificate of Status Desired:** No

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

PHILIPPE J. BRIAN, P.A.  
205 WORTH AVENUE  
SUITE 303  
PALM BEACH, FL 33480 US

*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

**Officer/Director Detail :**

Title            D,P  
Name            LEFEBVRE, PHILIPPE  
Address        8347 QUAIL MEADOW WAY  
City-State-Zip: WEST PALM BEACH FL 33412

Title            DVPT  
Name            LEFEBVRE, OLIVIA  
Address        8347 QUAIL MEADOW WAY  
City-State-Zip: WEST PALM BEACH FL 33412

Title            S  
Name            BRIAN, PHILIPPE J  
Address        205 WORTH AVENUE, SUITE 303  
City-State-Zip: PALM BEACH FL 33480

*I hereby 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 all other like empowered.*

**SIGNATURE: PHILIPPE J. BRIAN**

**SECRETARY**

**02/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date