2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003030

Entity Name: LE LUMIERE, INC.

FILED Jan 16, 2009 Secretary of State

Name and Address of Current Registered Agent: PULIDO, GABRIEL 4116 MEDINA WAY SEBRING, FL 33875 US The above named entity submits this statement for the purpose of changing its registered office or registered a in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().							
SEBRING, FL 33872 Current Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: PO BOX 1646 SEBRING, FL 33871 FEI Number: 56-2496937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent Name and Address of New Registered Agent In above named entity submits this statement for the purpose of changing its registered office or registered a in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Address: ADDITIONS/CHANGES TO OFFICERS AN DITIONS/CHANGES TO OFFICERS AN Address: City-St-Zip: SEBRING, FL 33875 City-St-Zip: Title: Title: TD () Delete Title: Title: TD () Change () Addition Name: Address: City-St-Zip: Title: Title: Title: T () Change () Addition Name: Address: City-St-Zip: Title: Title: T () Change () Addition Name: Address: City-St-Zip: Title: Title: T () Change (X) Addition Name: PULIDO, CAROLYN OMS Address: 4116 MEDINA WAY	Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
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PULIDO, GABRIEL 4116 MEDINA WAY SEBRING, FL 33875 US The above named entity submits this statement for the purpose of changing its registered office or registered a in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	FEI Number	: 56-2496937	FEI Number Applied For()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GABRIEL PULIDO PD 01/16/2009