

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003030

Entity Name: LE LUMIERE, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

4325 SUN 'N LAKE BLVD - STE 103
SEBRING, FL 33872

New Principal Place of Business:

4325 SUN 'N LAKE BLVD
103
SEBRING, FL 33872

Current Mailing Address:

4325 SUN 'N LAKE BLVD - STE 103
SEBRING, FL 33872

New Mailing Address:

PO BOX 1646
SEBRING, FL 33871

FEI Number: 56-2496937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULIDO, GABRIEL
4116 MEDINA WAY
SEBRING, FL 33875 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: PD () Delete
Name: PULIDO, GABRIEL A
Address: 4116 MEDINA WAY
City-St-Zip: SEBRING, FL 33875

Title: SD () Delete
Name: PULIDO, GABRIEL ALLEN
Address: 4116 MEDINA WAY
City-St-Zip: SEBRING, FL 33875

Title: TD () Delete
Name: PULIDO, LAURA Y
Address: 515 S ORLEANS AVE
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T () Change (X) Addition
Name: PULIDO, CAROLYN O MS
Address: 4116 MEDINA WAY
City-St-Zip: SEBRING, FL 33875

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

Electronic Signature of Signing Officer or Director

_____ Date