

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000545

**Entity Name:** LABRI IN ACTION, INC

**Current Principal Place of Business:**

1801 NW 36TH TERRACE  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

1801 NW 36TH TERRACE  
FORT LAUDERDALE, FL 33311

**FEI Number:** 27-4656470

**Certificate of Status Desired:** Yes

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

JACK, EMMANUEL  
2700 NW 44TH STREET APT#205  
OAKLAND PARK, FL 33309 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 P  
Name ARISTIL, ADOLPHE  
Address 1801 NW 36TH TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title VP  
Name JACK, EMMANUEL  
Address 2700 NW 44TH STREET APT#205  
City-State-Zip: OAKLAND PARK FL 33309

Title SECT  
Name ARISTIL, MARIE C  
Address 1801 NW 36TH TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title TREA  
Name JOSEPH, OSMANE  
Address 1565 NW 31ST WAY  
City-State-Zip: FORT LAUDERDALE FL 33311

Title DM  
Name JOSEPH, WILSON  
Address 3495 NW 25TH STREET  
City-State-Zip: LAUDERDALE LAKES FL 33311

Title MA  
Name JOSEPH, WILTER  
Address 173 NW 77TH AVE  
City-State-Zip: MARGATE FL 33063

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIEARISTIL

**SECRETARY**

**04/07/2015**

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

\_\_\_\_\_  
Date