

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000051553

**Entity Name:** ST.LAURENT INC

**Current Principal Place of Business:**

4148 PINE HOLLOW CIR  
GREENACRES, FL 33463

**Current Mailing Address:**

4148 PINE HOLLOW CIR  
GREENACRES, FL 33463 US

**FEI Number:** 27-1932620

**Certificate of Status Desired:** No

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

LAURENT, CHAVANNES  
452 GLENWOOD DR  
WEST PALM BEACH, FL 33415 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 LAURENT, CHAVANNES  
Address 452 GLENWOOD DR  
City-State-Zip: WEST PALM BEACH FL 33415

*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:** CHAVANNES LAURENT

03/04/2018

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

\_\_\_\_\_  
Date