

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 353091

1. Entity Name
LOU-DEN INC



Principal Place of Business
**LECAFÉ DE PARIS
715A E LAS OLAS BLVD
FT LAUDERDALE FL 33301**

Mailing Address
**715A E LAS OLAS BLVD
FORT LAUDERDALE FL 33301-2236
US**



1st MOORE CR2E034 (10/06)

2. Principal Place of Business: No P.O. Box #

3. Mailing Address:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1274204**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMATTI, LOUIS
S.E. 8TH AVENUE
FORT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
FLEMATTI, LOUIS
715 LAS OLAS BLVD.
FORT LAUDERDALE FL ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition
000000614401
02/06/07-80027-002 163.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS FLEMATTI - 28.01 954 461 29 00

Date

Daytime Phone #