2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # 409035** 1. Entity Name AL BON MARCHE INC. Principal Place of Business Mailing Address 1146 W FLAGLER ST. 1146 W FLAGLER ST. MIAMI, FL 33130 MIAMI, FL 33130 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number 59-1436634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BUSTOS, JOSE** S- a Number is Not Acceptable) 1146 W FLAGLER STREET MIAMI, FL 33130 Zip Code ்த அத்தா ு the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its research the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Addition TITLE Delete TITLE Change **BUSTOS, JOSE** NAME NAME STREET ADDRESS STREET ADDRESS 1146 W FLAGLER STREET CITY-ST-ZIP CITY-ST-7IP HIALEAH, FL 33015 ☐ Change ☐ Addition TITLE ☐ Delete TITE NAME NAME STREET ADDRESS STREET ADDRESS U00000684918 CITY-ST-ZIP CITY-ST-ZIP 04/06/07-80052-001 150.00 TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CICMATUDE.