

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90279 002 ***150.00

DOCUMENT # 623422

1. Entity Name
LATUBERNE, INC.



40078299



Principal Place of Business
**612 FEDERAL HIGHWAY
LAKE PARK, FL 33403**

Mailing Address
**612 FEDERAL HIGHWAY
LAKE PARK, FL 33403**

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

3. Mailing Address
307 KELSEY PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152007 Chg-P CR2E034 (12/06)

City & State

City & State
PALM BEACH GARDENS, FL

4. FEI Number
59-1941031

Applied For
Not Applicable

Zip

Country

Zip
33410

Country
USA

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

**LATUBERNE, PIERRE
612 FEDERAL HWY
LAKE PARK, FL 33403**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**DP
LATUBERNE, PIERRE
612 FED HWY
LAKE PARK, FL 33403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
LATUBERNE, ANN MARIE
612 FEDERAL HIGHWAY
LAKE PARK, FL 33403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *Ann Marie Latuberne* **ANNE MARIE LATUBERNE**

4.21.07

561-8450529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #