

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90033 040 ***150.00

DOCUMENT # 623422

1. Entity Name
LATUBERNE, INC.



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

Mailing Address
**307 KELSEY PARK DRIVE
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business - No P.O. Box #
1001 W. JASMINE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

UNIT H

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

City & State

Zip

33403

Country

USA

Zip

Country



04142008 Chg-P CR2E034 (12/06)

4. FEI Number

59-1941031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

1001 W. JASMINE DRIVE

City

LAKE PARK

FL

Zip Code

33403

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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
**VD
LATUBERNE, ANN MARIE
612 FEDERAL HIGHWAY
LAKE PARK, FL 33403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
— ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
— ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
— ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
— ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1001 W. JASMINE DRIVE, UNIT H
LAKE PARK, FL 33403** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1001 W. JASMINE DRIVE, UNIT H
LAKE PARK, FL 33403** ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

561 6821524

Daytime Phone #