


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # F19227 1. Entity Name LEBEL OF NORTH PALM BEACH, FLA. INC.	
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Principal Place of Business 721 US ONE-SUITE 223 NORTH PALM BEACH, FL 33408	Mailing Address 721 US ONE-SUITE 223 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



08032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2177179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUCAS, ROBERT S 721 US HWY ONE, SUITE 223 N PALM BEACH, FL 33408

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROYET, JEAN F 721 U S HWY ONE STE 223 N PALM BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUCAS, ROBERT S 721 U S HWY ONE STE 223 N PALM BEACH, FL 00000,
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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:  JEAN PROYET 8/3/07 561 844 2497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #