

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000003001**

1. Entity Name  
LOUISIANA CONNECTION, LTD., INC.



Principal Place of Business  
184-10 JAMAICA AVENUE  
HOLLIS, NY 11423

Mailing Address  
184-10 JAMAICA AVENUE  
3RD FLOOR  
HOLLIS, NY 11423

**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
72-1104990

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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	PDO HYDE, ANDREA 512 SEVENTH AVENUE, 25TH FLOOR NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SLOAM, BRIAN 184-10 JAMAICA AVENUE HOLLIS, NY 11423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, NEIL C/O 184-10 JAMAICA AVENUE HOLLIS, NY 11423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000783415  
01/16/08-80013-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Sloam 1/10/08 (718)465-0500

Date

Daytime Phone #