

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90137 027 ***150.00

DOCUMENT # H35059

1. Entity Name
LA POINTE, INC.



Principal Place of Business
**1181 S. ROGERS CIRCLE
SUITE 22
BOCA RATON, FL 33487**

Mailing Address
**1181 S. ROGERS CIRCLE
SUITE 22
BOCA RATON, FL 33487**

50006874



2. Principal Place of Business

3. Mailing Address

1181 S. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 19

City & State

BOCA RATON, FL.

03182006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2481315

Applied For

Not Applicable

Zip

Country

33487

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LA POINTE, RICHARD A.
1181 S. ROGERS CIRCLE UNIT 22
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **RICHARD A. LA POINTE**

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

1181 S. ROGERS CIRCLE SUITE 19

City **BOCA RATON**

FL **33487**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LA POINTE, RICHARD**
STREET ADDRESS **1181 ROGERS CIRCLE #22**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 as an attachment with an address, with all other like empowered.

SIGNATURE **R. A. LA POINTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/06

Date

Daytime Phone #