## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K78120

Name:

Address:

City-St-Zip:

LAVERTY, ANNE M

240 ATLANTIC AVE

PALM BEACH, FL 33480

Entity Name: LA MAISON FLEURIE, INC.

FILED Jun 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
249 PERU F3	VIAN AVE.				
	ACH, FL 33480	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
249 PERU F3	VIAN AVE.				
	ACH, FL 33480	US			
FEI Number:	: 65-0110739	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
#114 PALM BEA The above	e of Florida.		urpose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			nt	Date	
Election Car		(2)(b), F.S., the corporation did not Trust Fund Contribution(). ORS:	·	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () I HOCQUARD, SO 3543 S OCEAN E PALM BEACH, F	BLVD #114	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVPS () [ PRESLES, ANNI 3543 S OCEAN E PALM BEACH, F	BLVD #114	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	T ()!	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANNE LAVERTY T 06/26/2009