## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L19925

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ONE HARBOURSIDE DR #4701

DELRAY BEACH, FL 33483

Entity Name: A LA MER, INC.

FILED Feb 21, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 515 N. ANDREWS AVE FT LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** ONE HARBOURSIDE DR #4701 DELRAY BEACH, FL 33483 FEI Number: 65-0154566 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUGEL, NORA ONE HARBOURSIDE DR #4701 DELRAY BEACH, FL 33483 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST ( ) Delete Title: () Change () Addition Name: GUGEL, NORA, Name: ONE HARBOURSIDE DR #4701 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GUGEL. YVONNE Name: 1 HARBOURSIDE DR 4701 Address: Address: DELRAY BEACH, FL 33483 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition GUGEL, YVONNE S Name: Name: 1 HARBOURSIDE DR., #4701 Address: Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NORA GUGEL PRES 02/21/2005

() Change () Addition