

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L59617		
1. Entity Name LETENDRE INVESTMENTS INC.		
Principal Place of Business 13590 SW 82 AVE MIAMI, FL 33156 US		Mailing Address C/O REJEAN LAPIERRE INC. 7800 WEST OAKLAND PARK BLVD., BLDG. G SUNRISE, FL 33351 US



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0184220	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN
7800 W OAKLAND PARK BLVD
BLDG G
SUNRISE, FL 33351

**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 _____

Name, type or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$6.00 May Be
Added to Fees

000000915476
 05/09/08-80016-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LETENDRE, LEON 13590 SW 82 AVENUE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08
 Date

Telephone Phone # _____