

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M61570

Entity Name: LISA BEAUDREAU, INC.

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O LISA BEAUDREAU-MUISE  
12894 S.E. HOBE HILLS DRIVE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LISA BEAUDREAU-MUISE  
12894 S.E. HOBE HILLS DRIVE  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 65-0024832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUISE, LISA BEAUDREAU  
C/O LISA BEAUDREAU, INC.  
12894 S.E. HOBE HILLS DRIVE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: BEAUDREAU-MUISE, LISA  
Address: 12894 SE HOBE HILLS DR.  
City-St-Zip: HOBE SOUND, FL

Title: D  
Name: BEAUDREAU-MUISE, LISA  
Address: 12894 SE HOBE HILLS DR  
City-St-Zip: HOBE SOUND, FL

I hereby 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 all other like empowered.

SIGNATURE: LISA BEAUDREAU MUISE

PST

03/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date