

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M78605**

1. Entity Name  
**MARY'S LB., INC.**



Principal Place of Business  
 % MARY TANGUAY  
 13295 WEST DIXIE HWY  
 NORTH MIAMI FL 33161  
 US

Mailing Address  
 % MARY TANGUAY  
 13295 WEST DIXIE HWY  
 NORTH MIAMI FL 33161  
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0044855**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANGUAY, MARY**  
**13295 W DIXIE HWY**  
**NORTH MIAMI FL 33161**

Name

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

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **P TANGUAY, MARY**  
 STREET ADDRESS **13295 WEST DIXIE HWY**  
 CITY- ST- ZIP **NORTH MIAMI FL 33161**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Delete  
 NAME **PVP TANGUAY, MARY**  
 STREET ADDRESS **13295 WEST DIXIE HWY**  
 CITY- ST- ZIP **NORTH MIAMI FL 33161**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Delete  
 NAME **S RAMIREZ, MARIA**  
 STREET ADDRESS **13295 WEST DIXIE HWY**  
 CITY- ST- ZIP **NORTH MIAMI FL 33161**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Delete  
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 CITY- ST- ZIP

TITLE  Change  Addition  
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 CITY- ST- ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Change  Addition  
 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 Section 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

Date

Daytime Phone #

**2-21-07 305 893-3663**