2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# N01000004567

Entity Name: L'ABAPEC OF FLORIDA, INC.

Current Principal Place of Business:

13045 S W 104TH TERRACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13045 S W 104TH TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 13-4211513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEGAGNEUR, GEORGE
13045 S W 104TH TERRACE
MIAMI, FL 33186 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: CD ( ) Delete
Name: METELLUS, GEORGE
Address: 6193 N W 183 LN
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: LAURENT, FRESNEL
Address: 498 N W 165 ST/RD
City-St-Zip: NORTH MIAMI BEACH, FL 33165

Title: DT ( ) Delete
Name: LEGAGNEUR, GEORGE
Address: 13045 S W 104TH TERRACE
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete
Name: MARCELIN, GISLAINE M 86
Address: 10145 S W 223RD TERRACE
City-St-Zip: MIAMI, FL 33190

Title: D ( ) Delete
Name: REMY, CLAUDE
Address: 2051 N E 154TH STREET
City-St-Zip: MIAMI, FL 33162

Title: TD ( ) Delete
Name: VALBRUN, PIERRE
Address: 8601SW94ST APT 107W
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE LEGAGNEUR DT 04/15/2005

Electronic Signature of Signing Officer or Director — Date