

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90057 044 \*\*\*\*61.25

DOCUMENT # N02000000121

1. Entity Name

FIVE HUNDRED BUILDING, INC.



Principal Place of Business

501 NE 82 TERRACE  
APT #2  
MIAMI FL 33183-4037

Mailing Address

501 NE 82 TERRACE  
APT #2  
MIAMI FL 33183-4037

2. Principal Place of Business

500 N.E. 83<sup>rd</sup> ST

3. Mailing Address

1371 N.W. 95<sup>th</sup> ST.

Suite, Apt. #, etc.

Apt. # 2

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

MIAMI FLA.

Zip

33138

Country

DADE

Zip

33147

Country

DADE



MOORE

CR2E037 (11/03)

4. FEI Number

59-6060560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRESSIEUX, DOROTHY  
501 NE 82ND TERRACE APT 2  
MIAMI FL 33183-4037

7. Name and Address of New Registered Agent

Name

Louis Labrousse

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

1371 N.W. 95<sup>th</sup> ST.

City

MIAMI FLA.

FL

Zip Code

33147

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

*Louis Labrousse P.D.*

Feb 2<sup>nd</sup> 04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LABROUSSE, LOUIS	
STREET ADDRESS	1371 NW 95 ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRESSIEUX, DOROTHY	
STREET ADDRESS	501 NE 82 TERRACE APT #2	
CITY-ST-ZIP	MIAMI FL 33138-4037	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BRESSIEUX, DOROTHY	
STREET ADDRESS	501 NE 82 TERRACE APT #2	
CITY-ST-ZIP	MIAMI FL 33138-4037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis Labrousse	
STREET ADDRESS	1371 N.W. 95 <sup>th</sup> ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 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

Feb. 2<sup>nd</sup> 04

Date

305-693-6665

Daytime Phone #