2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000121

1. Entity Name
FIVE HUNDRED BUILDING, INC.

Principal Place of Business	Mailing Address
500 NE. 83RD ST APT #2 MIAMI, FL 33183-4037	1371 NW 95TH ST. MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE
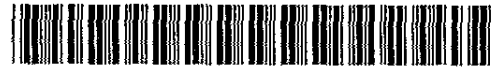
01042006 No Chg-NP   CR2E037 (11/05)

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

LABROUSSE, LOUIS
1371 NW 95TH ST.
MIAMI, FL 33147

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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

Filing Fee is $61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LABROUSSE, LOUIS
STREET ADDRESS	1371 NW 95 ST
CITY-ST-ZIP	MIAMI, FL 33147

TITLE	VPD
NAME	BRESSIEUX, DOROTHY
STREET ADDRESS	501 NE 82 TERRACE APT #2
CITY-ST-ZIP	MIAMI, FL 331384037

TITLE	ST
NAME	LABROUSSE, LOUIS
STREET ADDRESS	1371 NW 95TH ST.
CITY-ST-ZIP	MIAMI, FL 33147

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 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: _Louis Labrousse_   Jan 5 06   305-693-6(?)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #