

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000004150

1. Entity Name

LET'S SHARE BREAKFAST, INC.



Principal Place of Business

501 SW 8TH TERRACE
BOCA RATON, FL 33486

Mailing Address

501 SW 8TH TERRACE
BOCA RATON, FL 33486



01282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1078390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIRSCH, DAVID K
175 W. CAMINO REAL
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FRENCH, FLORENCE
STREET ADDRESS 1298 SW 9TH AVE
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D
NAME FRENCH, JACQUELINE
STREET ADDRESS 501 SW 8TH TERRACE
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE T
NAME FRENCH, REYNALD
STREET ADDRESS 1298 SW 9TH AVE.
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D
NAME REY, VIOLET
STREET ADDRESS 400 NE 20TH ST.
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000838739
03/05/08-80044-020 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/08