


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

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90349 029 \*\*\*\*61.25

**DOCUMENT # N02000009803**

1. Entity Name  
**LEGAL ASSISTANCE SERVICES OF ORLANDO, INC.**



Principal Place of Business      Mailing Address

**2550 WEST COLONIAL DRIVE SUITE 414  
ORLANDO FL 32804**      **2550 WEST COLONIAL DRIVE SUITE 414  
ORLANDO FL 32804**

2. Principal Place of Business      3. Mailing Address

*2550 W. Colonial Dr.*      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*414*      *414*

City & State      City & State

*Orlando, FL*      *Orlando, FL*

Zip      Country      Zip      Country

*32804*      *USA*      *32804*      *USA*



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For

**33-1041487**      Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTOPHE, JEAN**  
**2550 WEST COLONIAL DRIVE SUITE 414**  
**ORLANDO FL 32809**

7. Name and Address of New Registered Agent

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      *Jean Christophe*      *Jean Christophe*      *04/27/04*

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 checked="" type="checkbox"/> Delete
NAME	CLAIR-SAINT, JAMES	
STREET ADDRESS	2550 WEST COLONIAL DRIVE SUITE 414	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	BRUTUS, HENRY	
STREET ADDRESS	6412 LAUREN CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAHENS, GEORGES	
STREET ADDRESS	11848 NEW CHAPEL CT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JULES, GILBERT	
STREET ADDRESS	514 N TAMPA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOB, GABRIEL	
STREET ADDRESS	1314 BERWICK DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIEUFILS, JOSEPH	
STREET ADDRESS	5819 HORNET DR	
CITY-ST-ZIP	ORLANDO FL 32808	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Lexior A Atys</i>	
STREET ADDRESS	<i>2550 W. Colonial Drive suite 414</i>	
CITY-ST-ZIP	<i>Orlando, FL 32809</i>	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SERGE Jendy</i>	
STREET ADDRESS	<i>2550 W. Colonial Dr. Ste. 413</i>	
CITY-ST-ZIP	<i>Orlando, FL 32804</i>	
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:      *Lexior A. Atys*      *04/27/04*      *407-5401085*

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