


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-30-2004 90222 015 \*\*\*\*62.00

<b>DOCUMENT # N03000000060</b>			
1. Entity Name <b>L'AMOUR PARFAIT MINISTRIES, INC.</b>			
Principal Place of Business <b>334 S WYMORE ROAD #103 ALTAMONTE SPRINGS, FL 32714</b>		Mailing Address <b>334 S WYMORE ROAD #103 ALTAMONTE SPRINGS, FL 32714</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 162835</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Altamonte Springs FL</b>	
Zip		Zip <b>32716</b>	
Country		Country <b>US</b>	
4. FEI Number <b>42-1579388</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MATHURIN, DOMINIQUE 2013 CRICKET DRIVE ORLANDO, FL 32808</b>		7. Name and Address of New Registered Agent Name <b>Tamara Augustin</b> Street Address (P.O. Box Number is Not Acceptable) <b>334 S. Wymore Road #103</b> City <b>Altamonte Springs</b> FL Zip Code <b>32714</b>	
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 <b>Tamara Augustin</b> <small>Signature, typed or printed name of registered agent and title (applicable)</small>		<b>Tamara AUGUSTIN, President 4/9/04</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUGUSTIN, TAMARA</b>	NAME	<b>Pathilde Attentio</b>
STREET ADDRESS	<b>334 S WYMORE ROAD #103</b>	STREET ADDRESS	<b>1100 8th Street</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRGS, FL 32714</b>	CITY-ST-ZIP	<b>LAKE WORTH, FL 33403</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENGOECHEA, GINA</b>	NAME	<b>Marie G. Augustin</b>
STREET ADDRESS	<b>6811 TANGLEWOOD BAY DR #2512</b>	STREET ADDRESS	<b>5443 Edgerly Ave</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32821</b>	CITY-ST-ZIP	<b>Lake Worth, FL 33463</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLERVOIS, GEORGETTE</b>	NAME	
STREET ADDRESS	<b>625 NW 210 ST #202</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33169</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERASE, FARILE</b>	NAME	
STREET ADDRESS	<b>7500 ORLEANS ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR, FL 33023</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHURIN, DOMINIQUE</b>	NAME	
STREET ADDRESS	<b>2013 CRICKET DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32808</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERCEY, HENRY C</b>	NAME	
STREET ADDRESS	<b>6583 SPRINGS GARDENS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33463</b>	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: <b>Tamara Augustin</b>		<b>Tamara AUGUSTIN 4/9/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	

(321) 356-3867