2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N03000007895

Entity Name: LES JEANPAULINIENS, INC.

Current Principal Place of Business:

P.O. BOX 681193
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 681193
MIAMI, FL 33168

New Mailing Address:

FEI Number: 56-2405308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THE LAW OFFICE OF JOHNNY FOSTER, LLC
7491 W. OAKLAND PK BLVD
SECOND FLOOR
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

CELESTIN, ROSE C
528 N.W.123RD STREET
MIAMI, FL 33168 US

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.

SIGNATURE: ROSE C. CELESTIN 01/05/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PLANCHER, CHRISTIAN FR
Address: PO BOX 681193
City-St-Zip: MIAMI, FL 33168

Title: VPD ( ) Delete
Name: CIVIL, VARLENE T
Address: PO BOX 681193
City-St-Zip: MIAMI, FL 33168

Title: SD ( ) Delete
Name: CELESTIN, ROSE C
Address: P.O. 681193
City-St-Zip: MIAMI, FL 33168

Title: TD ( ) Delete
Name: PLANCHER, VLADIMIR
Address: P.O. 681193
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE C. CELESTIN T/D 01/05/2006
Electronic Signature of Signing Officer or Director Date