

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009293

FILED  
Feb 18, 2011  
Secretary of State

Entity Name: THE BOB LAPIERRE THEATRE COMPANY, INC.

**Current Principal Place of Business:**

6214 NAVAJO TERRACE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

6214 NAVAJO TERRACE  
MARGATE, FL 33063

**New Mailing Address:**

6214 NAVAJO TERRACE  
MARGATE, FL 33063

FEI Number: 13-4182236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARDO, ANDRE L PH.D  
6214 NAVAJO TERRACE  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS.  
Name: PARDO, EBONY L PRES.  
Address: 6214 NAVAJO TERRACE  
City-St-Zip: MARGATE, FL 33063

Title: MRS.  
Name: JOSEPH, LYA-EDWIGHT H VICEPRE  
Address: 150 EDGEMERE ROAD APT #6  
City-St-Zip: WEST ROXBURY, MA 02132

Title: DR.  
Name: PARDO, ANDRE L TRES.  
Address: 6214 NAVAJO TERRACE  
City-St-Zip: MARGATE, FL 33063

Title: MRS.  
Name: PARDO, EDMEE H SEC.  
Address: 6214 NAVAJO TERRACE  
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: DR. ANDRE LAPIERRE PARDO

TRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date