

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004550

FILED
Apr 28, 2008
Secretary of State

Entity Name: LE P'TICLUB INC.

Current Principal Place of Business:

8980 BERMUDA DR.
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

8980 BERMUDA DR.
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 75-3244912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOISE, JIMMY
8980 BERMUDA DR.
MIRAMAR, FL 33025 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: PCEO () Delete
Name: MOISE, JIMMY
Address: 8980 BERMUDA DR.
City-St-Zip: MIRAMAR, FL 33025

Title: VTS () Delete
Name: MOISE, PAULE
Address: 8980 BERMUDA DR.
City-St-Zip: MIRAMAR, FL 33025

Title: V () Delete
Name: BELIZAIRE, FRANKLIN
Address: 3625 WINKLER AVE., SUITE 236
City-St-Zip: FT. MYERS, FL 33916

Title: V () Delete
Name: PIDOUX, PATRICK
Address: 7321 N.W 174TH TERR., SUITE 101
City-St-Zip: MIAMI, FL 33015

Title: V () Delete
Name: DOUYON, CLAIRE
Address: 2558 SW 177TH AVE.
City-St-Zip: MIRAMAR, FL 33029

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: JIMMY MOISE

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date