2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004550

Entity Name: LE P'TICLUB INC

FILED May 04, 2009 Secretary of State

Entity Na	me: LE PATICLOBING.			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	MUDA DR. R, FL 33025			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	MUDA DR. R, FL 33025			
In accordan	r: 75-3244912 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did	•	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address of N	lew Registered Agent:	
	MMY MUDA DR. R, FL 33025 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered A	gent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PCEO () Delete MOISE, JIMMY 8980 BERMUDA DR. MIRAMAR, FL 33025	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VTS () Delete MOISE, PAULE 8980 BERMUDA DR. MIRAMAR, FL 33025	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () Delete BELIZAIRE, FRANKLIN 3625 WINKLER AVE., SUITE 236 FT. MYERS, FL 33916	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () Delete PIDOUX, PATRICK 7321 N.W 174TH TERR., SUITE 101 MIAMI, FL 33015	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	V () Delete DOUYON, CLAIRE	Title: ()) Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JIMMY MOISE PRES 05/04/2009

2558 SW 177TH AVE.

City-St-Zip: MIRAMAR, FL 33029

Address: