

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004808

FILED
Sep 02, 2008
Secretary of State

Entity Name: ANNEBELLE'S ADULT RECREATIONAL CENTER, INC.

Current Principal Place of Business:

16280 NW 17TH STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

16280 NW 17TH STREET
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LECONTE, FRANCOIS
16280 NW 17TH STREET
PEMBROKE PINES, FL 33028 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: P () Delete
Name: FLORENT, MARIE H
Address: 3777 NW 78TH AVENUE, APT 46F
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP () Delete
Name: MERITZ, MICHELLE
Address: 9200 NW 54TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: T () Delete
Name: LOUISSAINT, JEAN C
Address: 3002 SHOMA DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33414

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:

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: NADINE LOUISSAINT

Electronic Signature of Signing Officer or Director

D

09/02/2008

_____ Date