

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010825

FILED
Apr 13, 2009
Secretary of State

Entity Name: LABRE PLACE, INC.

Current Principal Place of Business:

336 NW 5TH STREET
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

336 NW 5TH STREET
MIAMI, FL 33128

New Mailing Address:

FEI Number: 26-2449416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

J. PATRICK FITZGERALD, ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 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: D () Delete
Name: MIESZALA, MICHAEL
Address: 680 NE 52ND STREET
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: OSMANSKI, WILLIAM
Address: 680 NE 52ND STREET
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: SEARSON, CHARLES
Address: 680 NE 52ND STREET
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: MACPHEE, RICHARD
Address: 26 GRANT AVENUE SOUTH
City-St-Zip: HAMILTON ONTARIO CANADA, L8N2X5 Y

Title: D () Delete
Name: BROWN, MICHAEL
Address: 4129 NORTH STATE ROUTE 1-17 POB 736
City-St-Zip: MOMENCE, IL 60954

Title: D () Delete
Name: HARMUELLER, PAUL
Address: 4129 NORTH STATE RIYTE -17 POB 736
City-St-Zip: MOMENCE, IL 60954 Y

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:

Title: D (X) Change () Addition
Name: HARMUELLER, PAUL
Address: 4129 NORTH STATE ROUTE -17 POB 736
City-St-Zip: MOMENCE, IL 60954 Y

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: JUDY BRINKMANN

SEC

04/13/2009

Electronic Signature of Signing Officer or Director

Date