

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011762

Entity Name: LE BERGER, INC.

FILED
Sep 03, 2008
Secretary of State

Current Principal Place of Business:

443 NE 195 ST., UNIT 243
MIAMI, FL 33179

New Principal Place of Business:

1190 NE 125 ST
23
MIAMI, FL 33161

Current Mailing Address:

443 NE 195 ST., UNIT 243
MIAMI, FL 33179

New Mailing Address:

1190 NE 125 ST
23
MIAMI, FL 33161

FEI Number: 80-0180414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

JULES, GERALD F.
443 NE 195 ST., UNIT 243
MIAMI, FL 33179 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: RAYMONVIL, FRITZNEL
Address: 2625 SW 129 TERR
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: POULARD, PIERRE D.
Address: 5342 SW 158 AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: JULES, PATRICIA N.
Address: 443 NE 195 ST., UNIT 243
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: JULES, GERALD F.
Address: 443 NE 195 ST., UNIT 243
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: POUX, MARJORIE A.
Address: 5342 SW 158 AVE.
City-St-Zip: MIRAMAR, FL 33027

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: D (X) Change () Addition
Name: ADAM, GUILAINE V
Address: 20331 NE. 7 PLACE
City-St-Zip: MIAMI, FL 33179

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: GERALD FRANTZ JULES

CEO

09/03/2008

Electronic Signature of Signing Officer or Director

Date