

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N16953

1. Entity Name

LES DIPLOMATES, INC.



Principal Place of Business

C/O LAUREN FITZBACK COUF
3428 N OCEAN BLVD
FORT LAUDERDALE FL 33308
US

Mailing Address

C/O LAUREN FITZBACK COUF
3428 N OCEAN BLVD
FORT LAUDERDALE FL 33308
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2720896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAUREN FITZBACK COUF
3428 N OCEAN BLVD
FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lauren Fitzback-Couf

1/22/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: TD
NAME: DIANE LEDOUX
STREET ADDRESS: 4281 NW 41ST STREET, APT 415
CITY-ST-ZIP: LAUDERDALE LAKES FL 33319

TITLE: SD
NAME: PAULINE MORISSETTE
STREET ADDRESS: 2334 S CYPRESS BEND DRIVE, # 706
CITY-ST-ZIP: POMPANO BEACH FL 33069

TITLE: PD
NAME: LAUREN FITZBACK COUF
STREET ADDRESS: 3428 N OCEAN BLVD
CITY-ST-ZIP: FORT LAUDERDALE FL 33308

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
U00000802433
02/01/08-80059-007 61.25

TITLE: ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

Lauren Fitzback-Couf

LAUREN FITZBACK COUF 1/22/08

954-383-8822