

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90016 041 ***150.00

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02182005 Chg-P CR2E034 (10/03)

| | | | |
|---|---|--|--|
| DOCUMENT # P00000060702 1. Entity Name LAMARTINIE, INC | | | |
| Principal Place of Business 630 WARREN LN. KEY BISCAVNE, FL 33145 | | Mailing Address 630 WARREN LN. KEY BISCAVNE, FL 33145 | |
| 2. Principal Place of Business 1728 Coral Way Suite, Apt. #, etc. | | 3. Mailing Address 1728 Coral Way Suite, Apt. #, etc. | |
| City & State Miami FL | | City & State Miami FL | |
| Zip 33145 | | Zip 33145 | |
| Country Miami, Dade | | Country Miami, Dade | |
| 4. FEI Number 65-1019467 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JE-SAINT VINCENT, THILAND 630 WARREN LN. KEY BISCAVNE, FL 33149 | | 7. Name and Address of New Registered Agent Name: Dr. Saint Vincent, Thibaud Street Address (P.O. Box Number is Not Acceptable): 1728 Coral Way City: Miami FL Zip Code: 33145 | |
| 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: <u>Thibaud Dr. Saint Vincent</u> <u>Thibaud</u> <u>02-14-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DE SAINT VINCENT, THIBAND 630 WARREN LN. KEY BISCAVNE, FL 33413 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1728 Coral Way Miami FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <u>Thibaud</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>02-18-2004</u> <u>305 235 4114</u> <small>Date Daytime Phone #</small> | |