


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000051466</b>	
1. Entity Name LA BONE AVENTURE, INC.	

Principal Place of Business 5609 S. UNIVERSITY DR DAVIE, FL 33328	Mailing Address 5609 S. UNIVERSITY DR DAVIE, FL 33328
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**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1107572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, CRISTOBAL  
1851 SW 136TH AVE  
DAVIE, FL 33325

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL, JENNIFER U MRS. 5609 S. UNIVERSITY DR FORT LAUDERDALE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL, CRISTOBAL J MR. 5609 S. UNIVERSITY DR. DAVIE, FL 33328
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U00000730179  
05/08/07-80070-007 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_ 4/20/07 9-680-0663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #