## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE

## Sep 10, 2004 8:00 am Secretary of State DOCUMENT # P01000073606 09-10-2004 90004 018 \*\*\*158.75 1. Entity Name LABROUSSE VENTURES, INC. Principal Place of Business Mailing Address 54072433 8411 BISCAYNE BLVD 670 N.E. 51ST STREET MIAMI: FL 33138 MIAMI, FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07282004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-1127630 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SVLING LABROUSSE B & C CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD., SUITE 3000 MIAMI, FL 33131 N.E. Street City 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. 'ISVLINE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LABROUSSE, WISVLINE M NAME NAME **670 N.E. 51ST STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TIME ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000073606  1. Entity Name LABROUSSE VENTURES, INC.							#Hacn	me	nt'		
Principal Place		·	Mailing Address				- 1		÷		
8411 BISCAYNE BLVD ( #4			670 N.E. 51ST STREET				54072433				
MIAMI, FL 33138			MIAMI, FL 33137				)				
2. Principal P	lace of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07282004	Chg-P	CR2E0	34 (10/03)		
City & State			City & State			4. FEI Numb 65-112			<u> </u>	plied For t Applicable	
Zip	Country		Zip Count		itry	5 Certificate of Status Desired 5 \$8.75 A			\$8.75 Add Fee Required		
-	6. Name	and Address of Current I				7. Name and Address of New Registered Agent					
B & C CORPORATE SERVICES, INC.					Name WisvLiNE LABROUSSE						
	H BISCAY	'NE BLVD., SUITE 30	000	Street Address	ress (P.O. Box Number is Not Acceptable)						
`					City M			FL	Zip Code	22 12 5	
8. The above	named entity	v submits this statement for	the purpose of changing	its register	11/1/	am I	th, in the State of Flo		<u> </u>	23/37	
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 WISYLINE LABROULSE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Trust Fund Contribu						5.00 May Be	In accordance v	with s. 607 not receiv	.193(2)(b), e the prior r	F.S., the notice.	
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CIGNATURE () 100 1/30/01 /25/21/21/01											
SIGNATURE: 305 243-6934 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Prone *											