2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# P01000073606

Entity Name: LABROUSSE VENTURES, INC.

Current Principal Place of Business:

8411 BISCAYNE BLVD
#4
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

670 N.E. 51ST STREET
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-1127630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LABROUSSE, WISVLINE M CEO
670 NE 51 STREET
MIAMI, FL 33137 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	LABROUSSE, WISVLINE M	
Address:	670 N.E. 51ST STREET	
City-St-Zip:	MIAMI, FL 33137	
Title:	OWN	( ) Delete
Name:	LABROUSSE-WALKER, LYNN OWNER	
Address:	8411 BISCAYNE BOULEVARD	
City-St-Zip:	MIAMI, FL 33138	
Title:	OWN	( ) Delete
Name:	LABROUSSE, LISSETTE	
Address:	8411 BISCAYNE BOULEVARD	
City-St-Zip:	MIAMI, FL 33138	
Title:	OWN	( ) Delete
Name:	LABROUSSE, LANA	
Address:	91 VICKSBURG COVE	
City-St-Zip:	MEMPHIS, TN 38103	

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:	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WISVLINE LABROUSSEE DR. 03/28/2009

Electronic Signature of Signing Officer or Director — Date