## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000111579

**DAVIE, FL 33406** 

City-St-Zip:

Entity Name: LA-POU-LA EXPRESS, INC.

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 57 NE 10TH STREET POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** C/O FICG 4344 LAKE LUCERNE CIR WEST PALM BEACH, FL 33409 FEI Number: 65-1154145 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMBROISE, MIMEROSE 8950 SOUTHERN OCHARD RD DAVIE, FL 33328 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition AMBROISE, DECIUS Name: Name: 8950 SOUTHERN ORCHARD ROAD Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: AMBROISE, MIMEROSE Name: 8950 SOUTHERN ORCHARD ROAD Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DECIUS AMBROISE P 04/29/2005