2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015503

Entity Name: LA VENTURE, INC

FILED Apr 26, 2004 Secretary of State

Entity Name: LA VENTORE, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
9912 W. LINEBAUGH AVE. TAMPA, FL 33626			9882 W. LINEBAUGH AVE. TAMPA, FL 33626			
Current Mailing Address:				New Mailing Address:		
3032 JODI LANE PALM HARBOR, FL 34684						
FEI Number: 01-0613001 FEI Number Applied For() FEI Nur				mber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
ALI, KIMBERLY 3032 JODI LANE PALM HARBOR, FL 34684 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:						
Election Cam		ic Signature of Registered Agei Trust Fund Contribution ().	rıı		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND					IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		Delete RGE GUE ST		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition LEFEVRE, GEORGE 10409 APPLECROSS LANE TAMPA, FL 33626	
Title: Name: Address: City-St-Zip:	D () LEFEVRE, PAT 10157 MONTAG TAMPA, FL 336	BUE ST		Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEFEVRE, PATRICIA S 10409 APPLECROSS LANE TAMPA, FL 33626	
Title: Name: Address: City-St-Zip:	SD () ALI, KIMBERLY 3032 JODI LAN PALM HARBOR	E		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ALI, SHAFKAT 3032 JODI LAN PALM HARBOR			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LEVY, BUDDY 3 2109 PALM AVE TAMPA, FL 336	E. SUITE 203		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LEFEVRE, PAT 10157 MONTAG TAMPA, FL 336	GUE ST		Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEFEVRE, PATRICK 10409 APPLECROSS LANE TAMPA, FL 33626	

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: KIMBERLY ALI SD 04/26/2004