## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000015503

Entity Name: LA VENTURE, INC

FILED May 02, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 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 Number Not Applicable ( ) 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 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LEFEVRE, GEORGE Name: Name: 10409 APPLECROSS LANE Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: Title: () Delete () Change () Addition LEFEVRE, PATRICIA S Name: Name: 10409 APPLECROSS LANE Address: Address: TAMPA, FL 33626 City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition ALI, KIMBERLY Name: Name: 3032 JODI LANE Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: () Delete Title: () Change () Addition ALI, SHAFKAT Name: Name: Address: 3032 JODI LANE Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: Title: ( ) Delete () Change () Addition LEVY, BUDDY J Name: Name: 2109 PALM AVE. SUITE 203 Address: Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: Title: ( ) Delete Title: () Change () Addition LEFEVRE, PATRICK Name: Name: 10409 APPLECROSS LANE Address: Address: City-St-Zip: City-St-Zip: 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 T 05/02/2005