

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074548

FILED
May 10, 2006
Secretary of State

Entity Name: L'ALTERNATIVE CORPORATION

Current Principal Place of Business:

10871 NW 52ND ST.
STE. N2
FORT LAUDERDALE, FL 33351

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE #240
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 03-0472904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
SUITE #240
CORAL GABLES, FL 33134 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

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:

Title: PD () Delete
Name: DE LESPINASSE, MARGARETH
Address: 2121 PONCE DE LEON BLVD. #240
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: DE LESPINASSE, CHRISTIAN
Address: 2121 PONCE DE LEON BLVD. #240
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: DE GROEN, DIRK
Address: 2121 PONCE DE LEON BLVD. #240
City-St-Zip: CORAL GABLES, FL 33134

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARETH DE LESPINASSE

PD

05/10/2006

Electronic Signature of Signing Officer or Director

Date