


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90104 005 ***150.00

DOCUMENT # P02000075617		
1. Entity Name LABORDE PROPERTIES, INC.		

Principal Place of Business 5410 S.W. 87 AVENUE MIAMI, FL 33165	Mailing Address 5410 S.W. 87 AVENUE MIAMI, FL 33165
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54066581

2. Principal Place of Business 5410 SW 87 AVE	3. Mailing Address 5410 SW 87 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07202004 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami, FL
Zip 33165	Zip 33165
Country USA	Country USA

4. FEI Number 13-4447939	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LABORDE, YAMILA 5410 S.W. 87 AVENUE MIAMI, FL 33165	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **7/26/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D LABORDE, YAMILA 5410 S.W. 87TH AVENUE MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **7/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

Laborde Properties, Inc.

5410 S.W. 87th Avenue

Miami, Florida 33165

Tel (305) 279-3941 * Fax (305) 595-4465

54066581
#P02000075617

July 26, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida
32314

Re: P02000075617

Mrs. Katrina Sutphin;

The following letter confirms that I did not receive either the original or the second notice with regards to the Annual Report. Please waive the additional \$400.00 fee in this case, thanking you for your important cooperation with regards to this matter.

Respectfully Yours,

Yamila Laborde

