

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000088732
 1. Entity Name
 LE FLORIDIEN, INC.



Principal Place of Business: 2861 HURON WAY, MIRAMAR, FL 33025
 Mailing Address: 2861 HURON WAY, MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

Barcode
 08032004 No Chg-P CR2E034 (10/03)
 4. FEI Number: 02-0638455 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAURENT, WESLEY
 751 SW 98 PL CIR
 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	FERDINAND, DESSALINES
STREET ADDRESS	2861 HURON WAY
CITY - ST - ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000169821
 08/10/04-80001-015 150.00
~~000000163673 - A.H~~
~~08/09/04-80008-003 158.75~~
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ferdinand Dessalines 8-03-04 3056107481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #