

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90107 034 ***150.00

002797 AV

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**

2. Principal Place of Business
2861 Huron Way
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
MIRAMAR FL

City & State
SAME

Zip
33025

Country
USA



CHECK HERE IF MAKING CHANGES

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

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 **N/A** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> Delete
NAME	FERDINAND, DESSALINES
STREET ADDRESS	2861 HURON WAY
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, 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: **SIGNATURE REQUIRED** DATE: **08-20-03** 3056107481
9554384574

CR2E034 (4/03)

Attachment#
80140365
PO 000088732

LE FLORIDIEN

The Haitian Community Newspaper of South Florida

11626 N.E. 2nd Ave Miami, FL 33161 ** Phone : (305) 610-7481/ Fax: (305) 757-6769

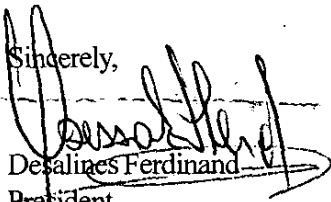
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I'd like to ask the State of Florida, Division of Corporations, to waive the \$400 late charge fee that was imposed to my corporation for the simple that I did not receive the prior Annual Report notice for the State of Florida. In the meantime, I am sending the UBR form filled and signed and the correct fee amount.

Should you have any questions, please call me during the day at 305-610-7481

Sincerely,


Desalines Ferdinand
President