

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90004 013 ***150.00

DOCUMENT # P03000092193

1. Entity Name
LABOY ENTERPRISES, INC.



Principal Place of Business

6900 NE 3RD AVENUE
MIAMI, FL 33168 US

Mailing Address

6900 NE 3RD AVENUE
MIAMI, FL 33168 US

54068788

2. Principal Place of Business

3. Mailing Address

31342 AVE I.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BIG PINE KEY, FL.

City & State

City & State

07162004

Chg-P

CR2E034 (10/03)

4. FEI Number

68-0584006

Applied For

Not Applicable

Zip

Country

Zip

Country

33043

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LABOY, SAMUEL
6900 NE 3RD AVENUE
MIAMI, FL 33168

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

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	P	<input type="checkbox"/> Delete
NAME	LABOY, SAMUEL	
STREET ADDRESS	6900 NE 3RD AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LABOY, LESLIE P	
STREET ADDRESS	6900 NE 3RD AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	TRE	<input type="checkbox"/> Delete
NAME	LABOY, CHRISTOPHER M	
STREET ADDRESS	6900 NE 3RD AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168	
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	
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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 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: Samuel Laboy Samuel Laboy

7/20/04

Date

Daytime Phone #

54068 108
P03 0000 92193

didn't
receive
renewal notice
via the mail
please waive
penalty