03/31/2005 17:58 813-870-2500 SPIEGEL & UTRERA PAGE 01

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SPIEGEL & UTRERA
LAWYERS

TELECOPY COVER SHEET

Date: 3/31/05
Send To: Bryan Vincent
At (Firm/Company): La Coquette, Inc.
Fax Number: 270 778 3114
Sender: Shae
Number of Pages including cover sheet: 3
Operator:

MESSAGE:
Here is a copy of your Annual Report. Follow the directions on page 2.

- ☐ 1840 Coral Way • 4th Floor • Miami, FL 33145 • (305) 854-6000 • Fax (305) 857-3700
- ☐ 3526 North Federal Highway • Fort Lauderdale, FL 33308 • (954) 630-0800 • Fax (954) 561-7900
- ☒ 3623 West Kennedy Blvd. • Tampa, FL 33609 • (813) 871-5400 • Fax (813) 870-2500
- ☐ 45 John St., Suite 711 • New York City, NY 10038 • (212) 962-1000 • Fax (212) 964-5600
- ☐ 55 Jericho Turnpike, Suite 202 • Jericho, NY 11753 • (516) 338-9100 • Fax (516) 338-9200
- ☐ 642 Broad St., Suite 2 • Clifton, NJ 07013 • (973) 473-2000 • Fax (973) 778-2900
- ☐ 123 West Madison St., Suite 806 • Chicago, IL 60602 • (312) 443-1500 • Fax (312) 443-8900
- ☐ 4727 Wilshire Blvd., Suite 601 • Los Angeles, CA 90010 • (323) 936-3400 • Fax (323) 939-5600

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90152 041 ***150.00

20029911

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000040894

1. Entity Name
LA COQUETTE, INC.

Principal Place of Business	Mailing Address
812 N HIGHLAND AVE UNIT 11 ORLANDO, FL 32803	812 N HIGHLAND AVE UNIT 11 ORLANDO, FL 32803

03312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4533 W. Lambright St	4533 W. Lambright St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33614 Country: USA	Zip: 33614 Country: USA

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VINCENT, BRYAN A 812 N HIGHLAND AVE UNIT 11 ORLANDO, FL 32803	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Vincent, Bryan A 4533 W. Lambright St Tampa, FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DUET, JOSLYN Z 812 N HIGHLAND AVE UNIT 11 ORLANDO, FL 32803	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Duet, Joslyn Z 4533 W. Lambright St. Tampa, FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Joslyn Duet Joslyn Duet 4/5/05 321-206-8229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #