

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90233 011 ***150.00

DOCUMENT # P04000119375

1. Entity Name
LA FONTAINE PARIS, INC



Principal Place of Business
C/O GLINSKY
169 E. FLAGLER ST., STE. 1118
MIAMI, FL 33131 US

Mailing Address
C/O GLINSKY
169 E. FLAGLER ST., STE. 1118
MIAMI, FL 33131 US

60001330



01132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1516468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHERCHES, BENZION
C/O GLINSKY
169 E. FLAGLER ST., STE. 1118
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **RAQUEL CHERCHES**

Street Address (P.O. Box Number is Not Acceptable)

1053 NE 204 TERRACE

City **N. MIAMI BEACH**

FL

Zip Code **33179**

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 X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **CHERCHES, BENZION**
STREET ADDRESS **C/O 169 E. FLAGLER ST., STE. 1118**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D PRES. SEC. TRES.** ☐ Change ☒ Addition
NAME **RAQUEL CHERCHES**
STREET ADDRESS **1053 NE 204 TERRACE**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #