

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90052 050 ***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
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2. Principal Place of Business - No P.O. Box # C/O GLINSKY 169 E. FLAGLER ST	3. Mailing Address C/O GLINSKY 169 E. FLAGLER ST
Suite, Apt. #, etc. STE. 1620	Suite, Apt. #, etc. STE. 1620
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131	Country US



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1516468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHERCHES, RAQUEL 1053 NE 204 TERRACE MIAMI, FL 33179	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CHERCHES, RAQUEL 1053 NE 204 TERRACE KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CHERCHES, RAQUEL 1053 NE 204 TERRACE MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 (786) 788-5749
Date Daytime Phone #