

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90053 017 \*\*\*150.00

**DOCUMENT # P05000003030**

1. Entity Name  
**LE LUMIERE, INC.**



Principal Place of Business  
4325 SUN 'N LAKE BLVD - STE 103  
SEBRING, FL 33872

Mailing Address  
4325 SUN 'N LAKE BLVD - STE 103  
SEBRING, FL 33872

**C0005360**



2. Principal Place of Business

3. Mailing Address

01052006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2496937

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, DOUGLAS A  
300 CIRCLE PARK DR  
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name **GABRIEL PULIDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**4116 MEDINA WAY**  
City **SEBRING** FL Zip Code **33875**

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

1-21-06

**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 **PD** ☐ Delete  
NAME **PULIDO, GABRIEL A**  
STREET ADDRESS **4116 MEDINA WAY**  
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **SD** ☐ Delete  
NAME **PULIDO, GABRIEL ALLEN**  
STREET ADDRESS **4116 MEDINA WAY**  
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **TD** ☐ Delete  
NAME **PULIDO, LAURA Y**  
STREET ADDRESS **515 S ORLEANS AVE**  
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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.

1/21/06