2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90024 046 ***150.00

DOCUMENT # P05000051666

1. Entity Name
LA SALLE AVE INC.

Principal Place of Business	Mailing Address
3327 LA SALLE AVE SAINT CLOUD, FL 34772 US	1000 MASSACHUSETTS AVE SAINT CLOUD, FL 34769 US

03252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1000 MASSACHUSETTS AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ST CLOUD FL	
City & State	City & State
Zip 34769 / Country	Zip / Country

4. FEI Number 42-1664524 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RASHID, MOHAMMAD I
1000 MASSACHUSETTS AVE
SAINT CLOUD, FL 34769

7. Name and Address of New Registered Agent

Name NARGIS RASHID
Street Address (P.O. Box Number is Not Acceptable)
1000 MASSACHUSETTS AVE
City ST. CLOUD FL Zip Code 34769

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, 2008 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 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RASHID, MOHAMMAD I 1000 MASSACHUSETTS AVE SAINT CLOUD, FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARGIS RASHID 1000 MASSACHUSETTS AVE ST CLOUD FL 34769	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RASHID, SOHAIL A 1000 MASSACHUSETTS AVE SAINT CLOUD, FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RASHID, MOHAMMAD R 1000 MASSACHUSETTS AVE SAINT CLOUD, FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: NARGIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #