## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000102462

MIAMI, FL 33168

City-St-Zip:

Entity Name: LABISSIERE DEZIGN INC.

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1015 NORTHWEST 128 ST. MIAMI, FL 33168 **Current Mailing Address: New Mailing Address:** 1015 NORTHWEST 128 ST. P.O. BOX 612815 MIAMI, FL 33168 NORTH MIAMI, FL 33261 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LABISSIERE, MERLINE LABISSIERE, MERLINE 1015 NORTHWEST 128 ST. 1015 NORTHWEST 128 ST. MIAMI, FL, FL 33168 MIAMI, FL 33168 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. SIGNATURE: 04/27/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LABISSIERE, MERLINE Name: Name: 1015 NORTHWEST 128 ST. Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition LABISSIERE, SHEILA Name: Name: 1015 NORTHWEST 128 ST. Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERLINE LABISSIERE P 04/27/2007