2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # P06000127549

L'EQUIPE BY LAVERDE, INC.



FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

9461 HARDING AVE SURFSIDE, FL 33154 Mailing Address

9461 HARDING AVE SURFSIDE, FL 33154



01232008

No Chg-P

CR2E034 (11/05)

4.	FE! Number					
	42-1713623					

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

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9461 HARI	, GLORIA E TOUR STANDING AVE E, FL 33154	·			NOT WR THIS SPA	CE		
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 bitle if applicable (NOTE: Registered Agent signature registered agent and bitle if applicable) OATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Section Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		DAIL		
10.	OFFICERS AND DIREC	TORS	his take		birth (A. J. of a.h.)	THE PROPERTY OF THE SECOND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVERDE, GLORIA E 9461 HARDING AVE SURFSIDE, FL 33154							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				Do	NOTWE	UTE		
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP				in in	THIS SPA	ACE ALLEGATION OF THE PROPERTY		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	s-							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental export 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:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #