



**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90010 034 \*\*\*150.00

DOCUMENT # P06000154971			
1. Entity Name LA FRENCH TOUCH, INC.			
Principal Place of Business 20 N.W. 101 ST MIAMI SHORES FL 33150 US		Mailing Address 20 N.W. 101 ST MIAMI SHORES FL 33150 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>305 GALEN DRIVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>321</b>	
City & State		City & State <b>Key-BISCAYNE, FL</b>	
Zip	Country	Zip	Country
<b>33149</b>	<b>USA</b>	<b>33149</b>	<b>USA</b>
4. FEI Number <b>20-8322913</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TEALE, SANDRA A MRS 20 N.W. 101 ST. MIAMI FL 33150		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent not applicable (NOTE: Registered Agent signature required when registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD TEALE, SANDRA A MRS 20 N.W. 101 ST. MIAMI SHORES FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>Sandra A. Teale</b>		Date: <b>03/19/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	