

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000084982

Entity Name: LASHELL MICHELLE, INC.

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5464 SW LONG SPUR LANE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

5464 SW LONG SPUR LANE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 26-3397967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, MARY  
1280 LAKE BREEZE DRIVE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DARVILLE, SABRENA  
Address: 5464 SW LONG SPUR LANE  
City-St-Zip: PALM CITY, FL 34990

Title: ST  
Name: JOSEPH, LINDA  
Address: 3030 SEVILLE ST  
City-St-Zip: PAHOKEE, FL 33476

Title: T  
Name: POWELL, CAROLYN  
Address: 141 N ELM AVE.  
City-St-Zip: PAHOKEE, FL 33476

I hereby 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 all other like empowered.

SIGNATURE: SABRENA DARVILLE

P

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date