

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000031522

Entity Name: LE CABANON CORP

FILED  
Feb 25, 2011  
Secretary of State

**Current Principal Place of Business:**

125 NEVADA CT  
DAVENPORT, FL 33897 US

**New Principal Place of Business:**

35562 US 27  
HAINES CITY, FL 33844 US

**Current Mailing Address:**

125 NEVADA CT  
DAVENPORT, FL 33897 US

**New Mailing Address:**

FEI Number: 26-4642775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HEXAGON INTERNATIONAL, INC  
1505 LEGENDS BLVD  
CHAMPIONSGATE, FL 33896 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: PT  
Name: LECLUSELLE, NICOLAS  
Address: 125 NEVADA CT  
City-St-Zip: DAVENPORT, FL 33897 US

Title: VS  
Name: SCHMIDT, CATHERINE  
Address: 125 NEVADA CT  
City-St-Zip: DAVENPORT, FL 33897 US

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: CATHERINE SCHMIDT

VS

02/25/2011

Electronic Signature of Signing Officer or Director

Date