2008 FOR PROFIT CORPORATION

FILED
Jan 28, 2008 08:00 AM
Secretary of State

	ANNUAL	REPORT	<u> </u>		6	N	- CC4
DOCUMENT # P9400072655 1. Entity Name LA MER ENTERPRISES, INC.					2	Secretai	ry of Sta
LA WER	ENTERPRISES, INC.						
•	ce of Business *	Mailing Address					
111 DUVAL ST 2 SOUTH UNIVERSITY DR KEY WEST, FL 33040 US SUITE 215 PLANTATION, FL 33324		IS				•	
##13+577948###7.31.4B		OF ASSET OF ASSET	eran eran				
DO NOT WRITE IN THIS SPA			CE.	01082008		CR2E034 (11	
				4. FEI Num 65-05			Applied For Not Applicable
				5. Certificat	e of Status Desired		5 Additional equired
6. Name and Address of Current Registered Agent							
LYNN, BRIAN				n o	NOT W	DITE	
2 SOUTH UNIVERSITY DR				·参加公司的特别的发展。	"在一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	CAN COLOR	A CONTRACTOR OF THE PARTY OF TH
STE 215 PLANTATION, FL 33324				· N	THIS SF	ACE	
					The state of the s		
8. The above	named entity submits this statement for th	e purpose of changing its register	red office or re	gistered agent, or b	oth, in the State of Flo	orida. I am familia	r with, and accept
the obliga	niona dineglaterea agenti. 4-5 1/1/22 2/2/1007	CONTRACTOR AND A SECOND CONTRACTOR AND	, resident & page man bases		Con Mark Life and miles	and the Country of	
Signature Signature, typed or printed name of registered agent and title if applicable. (NDTE Registere				required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution				\$5.00 May Be Added to Fees		,	
10. OFFICERS AND DIRE		RECTORS	建	TEST THE	APPENDED:		
TITLE	DP						
NAME STREET ADDRESS	JEAN, ELI 20201 EAST COUNTRY CLUB DR SUITE 605						Time.
CITY-ST-ZIP	AVENTURA, FL 33180						
TITLE						10799529#¥ 1-20072-01	of change
NAME		•	Ju 146 C 2		r and a second		
STREET ADDRESS CITY-ST-ZIP			(4)	2 4. 18			
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NAME						的流浪	
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NAME				ACCIONALITÀ AL			
STREET ADDRESS CITY-ST-ZIP							
TIFLE							
NAME							
STREET ADDRESS				心。这是一种影响		为外国人的	逐步活跃。 第二次

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTO

LI VEAN Date

1/23/01 786 539 Dayling Phone 0/60