

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094914

Entity Name: LE COIFURE INC.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

8559 NW 186 ST
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

5483 S.W. 104TH TERRACE
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 65-0631014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMIRO GUTIERREZ
5483 S.W. 104TH TERRACE
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

GUTIERREZ, RAMIRO
5483 S.W. 104TH TERRACE
COOPER CITY, FL 33328 US

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: RAMIRO GUTIERREZ

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUTIERREZ, RAMIRO
Address: 5483 SW 104TH TERRACE
City-St-Zip: COOPER CITY, FL 33328

Title: P () Delete
Name: JAQUEZ, ZOILA
Address: 5483 SW 104TH TERRACE
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAMIRO GUTIERREZ

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date