


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90064 039 ***150.00

DOCUMENT # P96000005946	
1. Entity Name LA BASTILLE INTERNATIONAL CORP.	

Principal Place of Business 8371 NW 64 STREET MIAMI, FL 33166	Mailing Address 8371 NW 64 STREET MIAMI, FL 33166
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50065362



2. Principal Place of Business	3. Mailing Address C/O LEONEGIOZI, P.A.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 19495 BISCAYNE BLVD STE 705
City & State	City & State AVENTURA, FL
Zip	Country
	33180

08032005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0162279	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired. <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COHEN, PAUL 8777 COLLINS AVENUE #1209 SURFSIDE, FL 33154	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, PAUL 8777 COLLINS AVENUE #1209 SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, FREDERIC 8777 COLLINS AVE., APT 1209 MIAMI, FL 33154 <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 exemption stated in Section 119.07(3)(i), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

8/10/05

Date

305-5938499

Daytime Phone #