


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------------------------------|--|---|--|
| DOCUMENT # P97000006447 1. Entity Name LA PROVENCE, INC. | | | |  | |
| Principal Place of Business 1627 COLLINS AVENUE MIAMI BEACH FL 33139 US | | | Mailing Address 1627 COLLINS AVE. MIAMI BEACH FL 33139 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0733629 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CAHLIN, RICHARD A 20590 WEST DIXIE HWY. NO. MIAMI BEACH FL 33180 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | |
| 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) <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DP THAU, DAVID 1627 COLLINS AVENUE MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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03/06/07-80040-016 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/07

Daytime Phone #

Daytime Phone #