

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000105135

Entity Name: NORM LEBEL INC.

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1017 NE 4 STREET  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1017 NE 4 STREET  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 65-0882992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEBEL, NORMAN R PRES  
1017 NE 4 STREET  
HALLANDALE, FL 33009 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LEBEL, NORMAN R PRES  
Address: 1017 NE 4 STREET  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: ALLARD, JANIQUE VP  
Address: 1017 NE 4 STREET  
City-St-Zip: HALLANDALE, FL 33009

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: JANIQUE ALLARD

VP

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date