## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000034703

Entity Name: LA CUISINE, INC

City-St-Zip:

SARASOTA, FL 34235

FILED Apr 28, 2009 Secretary of State

Entity Nar	me: LA CUISII	NE, INC.				
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
	IST., STE. 610 A, FL 34236		1991 MAIN S SUITE 118 SARASOTA,			
Current M	ailing Addres	s:	New Mailing	New Mailing Address:		
	IST., STE. 610 A, FL 34236		1991 MAIN S SUITE 118 SARASOTA,			
FEI Number:	65-0910947	FEI Number Applied For ( )	FEI Number Not Applica	able ( ) Certificate of Status Des	ired ( )	
Name and	Address of C	urrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
NORTON, SAM D ESQ. 1819 MAIN ST., STE. 610 SARASOTA, FL 34236 US			SUITE 118	1991 MAIN ST		
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its	registered office or registered ager	nt, or both,	
SIGNATUR	RE: RYAN BC	EVE		04/28/2009		
	Electron	ic Signature of Registered Age	ent	Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () BOEVE, RYAN I 2311 SIESTA D SARASOTA, FL	R	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VSD () LOPES, ARTHU 2329 OUTER D SARASOTA, FL	₹.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address:	TD () MASSE, THOM/ 3404 PRUDENC		Title: Name: Address:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: RYAN BOEVE PD 04/28/2009