2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90243 009 ***150.00

DOCUMENT # 831049

1. Entity Name
LE CLAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2200 S. OCEAN LANE, #2410 FT. LAUDERDALE, FL 33316	2200 S. OCEAN LANE, #2410 FT. LAUDERDALE, FL 33316

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2840 NE 26 Place	2840 NE 26 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale, FL	City & State: Ft Lauderdale FL
Zip: 33306 Country: USA	Zip: 33306 Country: USA

4. FEI Number 31-0714623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLEMAN, JEFFREY A 2840 NE 26TH PL FT. LAUDERDALE, FL 33306	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KING, BARBARA A 204 NE 51ST ST POMPANO BCH, FL 33064	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, T SCOTT 18316 LONG LAKE DRIVE BOCA RATON, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, E A 2200 S OCEAN LN APT 2410 FT LAUDERDALE, FL 00000,	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLEMAN, JEFFREY A 2840 NE 26TH PL FT LAUDERDALE, FL 33306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COLEMAN, BARBARA J. 2200 S. OCEAN LANE APT 2410 FORT LAUDERDALE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition STD ASTRID S Coleman 2840 NE 26 Place Ft Lauderdale, FL 33306

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: Jeffrey A. Coleman, Pres. 4/19/05 954-568-7178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #