

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90102 005 ***150.00

DOCUMENT # 845764
 1. Entity Name
 LITTLE CAESAR ENTERPRISES, INC.



50011718

Principal Place of Business
 2211 WOODWARD AVENUE
 DETROIT, MI 48201-3400

Mailing Address
 2211 WOODWARD AVENUE
 DETROIT, MI 48201-3400



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number
 38-1720166

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ILITCH MICHAEL	
STREET ADDRESS	2211 WOODWARD AVENUE	
CITY-ST-ZIP	DETROIT, MI 48201	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ILITCH, MARIAN	
STREET ADDRESS	2211 WOODWARD AVENUE	
CITY-ST-ZIP	DETROIT, MI 482013400	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ILITCH, DENISE	
STREET ADDRESS	2211 WOODWARD AVENUE	
CITY-ST-ZIP	DETROIT, MI 48201	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ILITCH, CHRISTOPHER	
STREET ADDRESS	2211 WOODWARD AVENUE	
CITY-ST-ZIP	DETROIT, MI 48201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am empowered.

SIGNATURE: Marian Ilitch Marian Ilitch Sec./Tres. 01/ /05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #