

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109134

FILED
May 27, 2004
Secretary of State

Entity Name: L.I.T.S. ENTERPRISES, INC.

Current Principal Place of Business:

P O BOX 591193
MIAMI, FL 33159

New Principal Place of Business:

Current Mailing Address:

972 NW 206 AVE CIR
MIAMI, FL 33172

New Mailing Address:

P O BOX 591193
MIAMI, FL 33159

FEI Number: 65-1056962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUPACYUPANQUI, LUIS I
972 NW 106 AVE CIRCLE
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

PAZ, MARGARITA
P O BOX 591193
MIAMI, FL 33159 US

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: MARGARITA PAZ

05/27/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUPACYUPANQUI, LUIS I
Address: P O BOX 591193
City-St-Zip: MIAMI, FL 33159

Title: S () Delete
Name: TUPACYUPANQUI, ALBA J
Address: 972 N. W. 106 AVENUE CIRCLE
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAZ, MARGARITA
Address: P O BOX 591193
City-St-Zip: MIAMI, FL 33159

Title: D (X) Change () Addition
Name: SANCHEZ, CARLOS
Address: P O BOX 591193
City-St-Zip: MIAMI, FL 33159

Title: T () Change (X) Addition
Name: TUPACYUPANQUI, ALBA J
Address: P O BOX 591193
City-St-Zip: MIAMI, FL 33159

Title: P/S () Change (X) Addition
Name: TUPACYUPANQUI, LUIS
Address: P O BOX 591193
City-St-Zip: MIAMI, FL 33159

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

SIGNATURE: CARLOS SANCHEZ

D

05/27/2004

Electronic Signature of Signing Officer or Director

Date