

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 11, 2005
Secretary of State**

DOCUMENT# P00000109134

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:

P O BOX 591193
MIAMI, FL 33159

New Mailing Address:

FEI Number: 65-1056962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAZ, MARGARITA
P O BOX 591193
MIAMI, FL 33159 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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: M PAZ

D

05/11/2005

Electronic Signature of Signing Officer or Director

_____ Date