2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # P04000096974 1. Entity Name 03-21-2006 90012 043 ***158.75 L.C. INTERNATIONAL ENTERPRISES INC. Principal Place of Business Mailing Address 7201 SOUTHWEST 42ND STREET 7201 SOUTHWEST 42ND STREET MIAMI FL 33155 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 83-0401815 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRAZANA, LEIDY 7201 SW 42 ST. #217 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ☐ Change TITLE ☐ Delete TITLE Addition CARRAZANA, LEIDY NAME NAME 7201 SOUTHWEST 42ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP stephanie Carrazana 2201.5w. 42 st. 3312 Delete **X** Addition CARRAZANA, WILLIAM NAME STREET ADDRESS 7201 SW 42 STREET STREET ADDRESS 33155 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 [] Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

Leidy L. Carrazana

Lis Carrazana)

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

FILED