## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P98000045452

KISSIMMEE, FL 34744

City-St-Zip:

**FILED** Mar 22, 2006 Secretary of State

Entity Name: LAFE ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 452533 600 DONEGAN AVE KISSIMMEE, FL 34744 KISSIMMEE, FL 34745 **Current Mailing Address: New Mailing Address:** P.O. BOX 452533 KISSIMMEE, FL 34744 FEI Number: 59-3512562 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPARKS, JEFFREY C 545 DELÁNEY AVE **BUILDING 8** ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PENA, FEDERICO Name: Name: P.O. BOX 452533 Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition PENA, LEONIDA Name: Name: P.O. BOX 452533 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

VΡ SIGNATURE: LEONIDA PENA 03/22/2006