

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073955

FILED  
Apr 17, 2005  
Secretary of State

Entity Name: DRAKKAR ENTERPRISES, INC.

## Current Principal Place of Business:

1200 ANASTASIA AVENUE  
SUITE 300  
CORAL GABLES, FL 33134

## New Principal Place of Business:

1200 ANASTASIA AVENUE  
SUITE 410  
CORAL GABLES, FL 33134

## Current Mailing Address:

1200 ANASTASIA AVENUE  
SUITE 300  
CORAL GABLES, FL 33134

## New Mailing Address:

1200 ANASTASIA AVENUE  
SUITE 410  
CORAL GABLES, FL 33134

FEI Number: 65-1000098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDELSTEIN, STEVEN A  
1200 ANASTASIA AVENUE  
SUITE 410  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LAFOND, LUCIEN G  
Address: 88005 OVERSEAS HWY, SUITE 10-115  
City-St-Zip: ISLAMORADA, FL 33036

Title: ST ( ) Delete  
Name: LAFOND, BRIGITTE  
Address: 88005 OVERSEAS HWY SUITE 10-115  
City-St-Zip: ISLAMORADA, FL 33036

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LUCIEN G. LAFOND

PD

04/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date