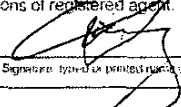
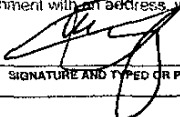


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90179 025 ***158.75

DOCUMENT # K62606 1. Entity Name LES DEVELOPMENT CORP.																																																																																																																																			
Principal Place of Business 709 S.W. 99TH CT CIR S. MIAMI, FL 33174			Mailing Address 709 S.W. 99TH CT CIR S. MIAMI, FL 33174																																																																																																																																
2. Principal Place of Business 637 S. DELMONTE CT. Suite, Apt. #, etc.		3. Mailing Address 637 S DELMONTE CT. Suite, Apt. #, etc.																																																																																																																																	
City & State KISSIMMEE, FL.		City & State KISSIMMEE FL.		4. FEI Number 65-0096283																																																																																																																															
Zip 34758		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent SUAREZ, EMILIANO 709 S.W. 99TH CT CIR S. MIAMI, FL 33174				7. Name and Address of New Registered Agent Name EMILIANO SUAREZ Street Address (P.O. Box Number is Not Acceptable) 637 S DELMONTE CT. City KISSIMMEE FL Zip Code 34758																																																																																																																															
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  EMILIANO SUAREZ - PRESIDENT Signature typed or printed name of registered agent and title if applicable				04/25/05 DATE																																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">VPD</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PD</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SUAREZ, EMILIANO</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>709 S.W. 99TH CIR S.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SUAREZ, LUCY</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>709 S.W. 99TH CIR S.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	VPD	☐ Delete	TITLE	PD	☒ Change ☐ Addition	NAME	SUAREZ, EMILIANO		NAME			STREET ADDRESS	709 S.W. 99TH CIR S.		STREET ADDRESS			CITY - ST - ZIP	MIAMI, FL		CITY - ST - ZIP			TITLE	PD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition	NAME	SUAREZ, LUCY		NAME			STREET ADDRESS	709 S.W. 99TH CIR S.		STREET ADDRESS			CITY - ST - ZIP	MIAMI, FL		CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			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			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.																																																																																																																																			
SIGNATURE:  EMILIANO SUAREZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				04/25/05 407 744-0123 Date Telephone #																																																																																																																															

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