2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 11, 2005 08:00 AM DOCUMENT # L05649 **Secretary of State** 1. Entity Name MICHEL-LEE ENTERPRISES, INC. Principal Place of Business Mailing Address 6354 NW 72ND PL. PÄRKLAND FL 33007 898 N FEDERAL HWY POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0135855 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name D'ELIA, BRIAN Street Address (P.O. Box Number is Not Acceptable) 6354 NW 72ND PL POMPANO BEACH FL 33067 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE PTD ☐ Delete HILL ☐ Change ☐ Addition NAME D'ELIA, BRIAN NAME STREET ADDRESS 6354 NW 72ND PL. SUREET ADDRESS CITY-ST-ZIP PARKLAND FL CITY-ST-ZIP VSD U00000258857 Change TITLE ☐ Delete THUE Addition D'ELIA, MICHELE NAME 03/11/05-80001-004 150.00 STREET ADDRESS 6354 NW 72ND PL. STREET ADDRESS CITY-ST-ZIP PARKLAND FL CITY-ST-ZIP TITLE Defete THILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete SHE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition 🗌 TITLE HILE □ Спалде NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Delete TITLE WILE 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 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 eath; 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 en

SIGNATURE:

FILED