2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

|  | ANNUAL  | REPORT (A  | ₹)   | FILED  | )   |  |
|--|---|--|--|--|---|--|
| DOCL<br>1. Entity Na                                 | JMENT # M68330  |  |  | Apr 30, 2005   | 08:00 AM  |  |
| LIDLE H  | OLDINGS, INC.   |  |  | Secretary o  | 1 State   |  |
| Principal Pla  | ice of Business   | Mailing Address  |  | <del>- </del>  |   |  |
| 6310 SUNSET DR.<br>MIAMI FL 33143<br>US              |   | 6310 SUNSET DRIVE<br>MIAMI FL 33176<br>US  | :  |  |   |  |
| 2. Principal Place of Business                       |   | 3. Mailing Address   |  | - 1 Manuali (12 aliuk (pina 1110a 1111) agij gjali al  | iii alali alali <b>et</b> eti et <b>e</b> ii eteii      |  |
| Suite, Apt #, etc.                                   |   | Suite, Apt. #, etc.  |  | 1st MOORE CR2EO  | 34 (10/04)  |  |
| City & State   |   | City & State   |  | 4. FEI Number 65-0047856   | Applied For Not Applicab                                |  |
| Zip  | Country   | Zip  | Country  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                          |  |
|  | 6. Name and Address of Curr   | ent Hegistered Agent   | Name   | 7. Name and Address of New Registere   | d Agent   |  |
| 141  | A/RENCE SANDY   |  | rame   |  |   |  |
| LAWRENCE, SANDY<br>6310 SUNSET DR.<br>MIAMI FL 33143 |   |  | Street Addres  | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
|  |   |  | City   | <u> </u>   | Zip Code  |  |
| 8. The above the obliga                              | e named entity submits this statementations of registered agent.  | nt for the purpose of changing it  | s registered office or regis                             | tered agent, or both, in the State of Florida. I ar  | n familiar with, and accep                              |  |
| SIGNATURE  | >gnature, byted or printed name of registered as  | gent and titla if applicable (NO   | TE Registered Agent signature requi                      | red when reinstating) DATE   |   |  |
| After  | TILE NOW!!! FEE IS \$150.00<br>May 1, 2005 Fee Will Be \$550<br>k Payable to Florida Departmen  |  |  | 9. Election Campaign Finar Trust Fund Contribution.  | ncing \$5.00 May Be                                     |  |
| 10.  | The same of the second | ND DIRECTORS   | 11.  | ADDITIONS/CHANGES TO OFFICERS AN   | NO DIRECTORS IN 11                                      |  |
| TITLE  | DP  | . Delete   | Title  | 7 Define to retranded to of field A  | ☐ Change ☐ Addition                                     |  |
| NAME   | LAWRENCE, SANDY   | 501010   | NAME   | •  |   |  |
| STREET ADDRESS                                       | 6310 SUNSET DR.   |  | STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP  | MIAMI FL 33143  |  | CHY-CT - ZIP   |  |   |  |
| TITLE  |   | · Delete   | THLE   |  | ☐ Change ☐ Addition                                     |  |
| NAME   |   |  | NAME   | U00000348994   |   |  |
| STREET ADDRESS                                       |   |  | STREET ADDRESS   | 05/02/05-80046-  | 025 150 OO  |  |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIF  | and the second s |   |  |
| INTLE  |   | ☐ Delete   | TITLE  |  | Change Addition   |  |
| NAME<br>STREET ADDRESS                               |   |  | NAME<br>STREET ADDRESS                                   |  |   |  |
| Crty - ST - ZIP                                      |   |  | CHY-ST-ZIP   |  |   |  |
| TITLE  |   | ☐ Delete   | TITLE  |  | ☐ Change ☐ Addition                                     |  |
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| STREET ADDRESS                                       |   |  | STREET ÁDDRESS   |  |   |  |
| CITY-ST-ZIP  | ·   |  | CUTY+\$1+ZIF   |  |   |  |
| TITLE  |   | · Delete   | hile .   |  | ☐ Change ☐ Addition                                     |  |
| NAME   |   |  | NAME   | •  |   |  |
| STREET ADDRESS                                       |   |  | STREET ADDRESS   |  |   |  |
| OTY-ST-ZIF   |   |  | UTY-ST-ZIP   | <u> </u>   |   |  |
| TITLE  |   | ☐ Delete   | TOTLE  |  | Change Addition   |  |
| NAME<br>Street Address (                             |   |  | NAME<br>CIRECT ADDRESS                                   |  |   |  |
| CHY-SI-ZIP   |   |  | CATY-ST-ZIP  |  |   |  |
|  | certify that the information supplied a   | vith this filing does not qualify fo   |  | Section 119 07(3)(i) Florida Statutas Liturbas as  | artifu that the information                             |  |
| indicated<br>of the cor<br>changed                   | on this report or supplemental repor<br>poration or the receiver or trustee en<br>or on an attachment with an addres  | t is true and accurate and that r<br>npowered to execute this report<br>s, with all other like empowered | ny signature shall have the<br>as required by Chapter 60 | Section 119.07(3)(i), Florida Statutes. I further or<br>e same legal effect as if made under oath, that I<br>07, Florida Statutes, and that my name appears  | am an officer or director<br>in Block 10 or Block 11 if |  |

SIGNATURE AND TYPEN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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