2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2006 8:00 am Secretary of State

	AITITUAL	0171		Secre	cary or Sc	
1. Entity Nam	MENT # N02000001 LE ENTERPRISES, INC.	190		03-28-2006 90255 001 ***317.50		7.50
Principal Place of Business 6043 NW 6 CT MIAMI, FL 33127		Mailing Address 6043 NW 6 CT MIAMI, FL 33127				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022006 Chg-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI Number 01-0631309		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desi	Fee Required	litional d
	6. Name and Address of Current F	Registered Agent		7. Name and Address of N	lew Registered Agent	
WALKER, 6043 NW (MIAMI, FL	OCT 33 22 Dave	cof wagen	Name Street Address	(P.O. Box Number is Not Acce	ptable)	
			City	FL Zip Code		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or registe	ered agent, or both, in the State	of Florida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006		paign Financing	\$5.00 May Be Added to Fees	DATE Make check payable to Florida Department of St	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my affinature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the preciver or trustee empowered to execute this report of required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withlan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23 Date

Daytime Phone #