2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P000000030 LA ENTERPRISES INC.	22			Secretary of State
Principal Plac 4516 W. PA TAMPA, FL		Mailing Address 4516 W. PAXTON AVE. TAMPA, FL 33611			
C	OO NOT WRITE	40.00	CE	02262005 4. FEI Numb 59-362	
BOMBELLA, ANTHONY P 4516 W. PAXTON AVE. TAMPA, FL 33611			DO NOT WRITE IN THIS SPACE		
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 bifinized name of registered agent and tiffe it applicable (NOTE. Registered Agent signature required when reinstalling) DATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIF	Election Campaign Finar Trust Fund Contribution. ECTORS		.00 May Be ed to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOMBELLA, ANTHONY P 4516 W. PAXTON AVE, TAMPA, FL 33611	ECTORS			U00000273014 03/23/05−80012-001 150.↓0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· <u>· · · · · · · · · · · · · · · · · · </u>			
NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
NAME STREET ADDRESS CITY-ST ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST- ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes, I further certify that the information indicated on this report or suppliermental report is true and accurate and that my signature shall have the same logal 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.					