2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)								FILED Mar 29, 2004 8:00 am					
DOCUMENT # P00000016249							<b>Secretary of State</b> 03-29-2004 90047 047 ***150.00						
LA FEMM	IE, INC.												
Principal Plac	Mailing Address												
13550 SW 8 115			13550 SW 88ST. 115							-4	•		
MIAMI FL 33	3186		MIAMI FL 33186							ş: Hindlah			
2. Principal P		ese 8874	3. Mailing Address 13500 SW 8854										
Suite, Apt. #, etc. Suite 115			Suite, Apt. #, etc. Suite 115					MOORE CI	R2E034 (11/	03)			
City & State Miami FL			City & State Miami				4. FEI I	Number 65-0988528			olied For Applicable		
Zip 3.3	186	Country DA	<sup>Zip</sup> F1 33186	Coun S	try		5. Cert	ificate of Status Desired		75 Addi Required			
	6. Name	and Address of Current	Registered Agent	_	Name			e and Address of New Reg	istered Agent				
ADDOVO INES CINITIVA AVE							llano, Margarita (P.O. Box Number is Not Acceptable) SW 88 ST. Swite 115						
	MI FL 33				13	500	<u>Sw</u>	88 st. Suite			<u></u>		
							mi		<b>FL</b> <sup>2</sup>	ip Code	186		
	named entity tions of regist		the purpose of changing its	register	ed office or	registere	d agent	both, in the State of Florid	da. I am famili				
SIGNATURE .	Marga	مبيلاتهم	rid tille if applicable (NOTF	Registere	ugo	nta ure equired w	(her reinsta	Jaur !	03-	0-0	4		
Afte	r May 1, 200	IFEE IS \$150.00 A Fee will be \$550.00 Florida Department of	State					9. Election Campaign Finar Trust Fund Contribution.			D May Be to Fees		
10.	<u> </u>	OFFICERS AND	DIRECTORS	11.			ADDIT	IONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOVAR, IV 13500 SW MIAMI FL 3	88TH STREET STE 115	🔀 Delete			PD Arella 13500 Hia	o sw	Hargarita 88 st. Suite 115 - FL 33186	×.	Change	Addition		
TITLE NAME	VP ARROYO,	INES C	Delete	TITL						Change	Addition		
STREET ADDRESS City-st-zip		88TH STREET STE 115		STRE	ET ADDRESS -ST-ZIP								
TITLE NAME	· · · · · ·	•	Delete	TITL						Change	Addition		
STREET ADDRESS				STR	ET ADDRESS	· -							
TITLE			Delete	TITL	£			• • • • • • • • • • • • • • • • • • •		Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS								
TITLE	<b>-</b>	· · · · · · · · · · · ·	Delete	ŤΠL	E.					Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP					ie Eet address '-st-zip					~			
TITLE	<u> </u>		Delete	TITL	E			766-779		Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP					eet 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 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: SIGNATURE AND TYPED OF PRINTED NAME OF SICHING OFFICER OF DIRECTOR Date Dayling Phone #													