
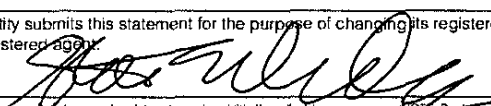
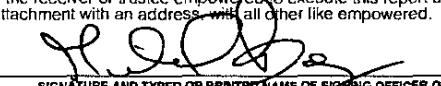


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90024 018 ***158.75

DOCUMENT # P00000033642			
1. Entity Name LANGBOY ENTERPRISE INC.			
Principal Place of Business 3901 S OCEAN DRIVE 15K HOLLYWOOD, FL 33019		Mailing Address 3901 S OCEAN DRIVE 15K HOLLYWOOD, FL 33019	
2. Principal Place of Business 1835 E. Hallendale Beach Blvd		3. Mailing Address 1835 E. Hallendale Beach Blvd	
Suite, Apt. #, etc. 175		Suite, Apt. #, etc. 175	
City & State Hallendale, Florida		City & State Hallendale Florida	
Zip 33009		Zip 33009	
Country Broward		Country Broward	
6. Name and Address of Current Registered Agent DEL RISCO, CLARA P.A. 7850 NW 146 STREET, SUITE 503 MIAMI LAKES, FL 33016			
7. Name and Address of New Registered Agent Name Wallace & Melling, P.A. Street Address (P.O. Box Number is Not Acceptable) 225 NE Mizner Blvd Suite 300 City Boca Raton FL Zip Code 33432			
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  DATE 3/18/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BOYER, MICHEL 400 BOUL. LABBE NORD VICTORIAVILLE, PQ G6P 1B2, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Martin Rednaud 724 North 20th Avenue Hollywood, Florida 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  03-18-04		954-648-9610	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

54020233



03182004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0995732

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

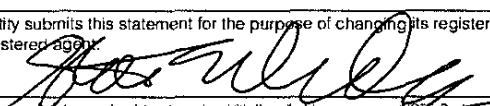
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEL RISCO, CLARA P.A.
7850 NW 146 STREET, SUITE 503
MIAMI LAKES, FL 33016**

Name **Wallace & Melling, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **225 NE Mizner Blvd**
Suite 300
City **Boca Raton** **FL** Zip Code **33432**

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**DPS
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400 BOUL. LABBE NORD
VICTORIAVILLE, PQ G6P 1B2,** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
Martin Rednaud
724 North 20th Avenue
Hollywood, Florida 33020** ☐ Change ☒ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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SIGNATURE:  **03-18-04**

954-648-9610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #