## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000109134

Entity Name: L.I.T.S. ENTERPRISES, INC.

FILED Aug 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8818 WEST FLAGLER STREET SUITE 10 MIAMI, FL 33174 **Current Mailing Address: New Mailing Address:** 8818 WEST FLAGLER STREET 8818 WEST FLAGLER STREET MIAMI, FL 33174 SUITE 10 MIAMI, FL 33174 FEI Number: 65-1056962 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANCHEZ, C 8818 WEST FLAGLER STREET MIAMI, FL 33174 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition SANCHEZ, L TUPACYUPANQUI, LUIS-IGNACIO Name: Name: 8818 WEST FLAGLER STREET SUITE 10 8818 WEST FLAGLER STREET SUITE 10 Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33174 Title: D/S Title: () Change () Addition (X) Delete SANCHEZ, C Name: Name: 8818 WEST FLAGLER STREET SUITE 10 Address: Address: MIAMI, FL 33174 City-St-Zip: City-St-Zip: Title: (X) Delete Title: DMP () Change () Addition SANCHEZ, ALBA Name: Name: 8818 WEST FLAGLER STREET SUITE 10 Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: Title: P/S (X) Delete Title: () Change () Addition TUPACYUPANQUI, L I Name: Name: Address: 8818 WEST FLAGLER STREET SUITE 10 Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	L TUPACYUPANQUI	Р	08/29/2008