2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066374

2168 JOG ROAD

WEST PALM BEACH, FL 33415 US

Address:

City-St-Zip:

Entity Name: LIN VIN ENTERPRISES, INC.

FILED Apr 18, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2168 JOG WEST PA	ROAD LM BEACH, FL 334	115			
Current Mailing Address:			New Mailing Address:		
	ODORE PLACE LM BEACH, FL 334	118			
FEI Number	: 65-1123641 FE	Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of Curre	nt Registered Agent:	Name and	Address o	f New Registered Agent:
10 COMM	I, VINCENT T ODORE PLACE ACH GARDENS, FL	. 33418 US			
	named entity subm e of Florida.	its this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,
SIGNATU					
Flaction Co.		gnature of Registered Ag	ent		Date
		st Fund Contribution ().	ADDITION	ICIOHANOI	ES TO OFFICERS AND DIRECTO
	S AND DIRECTOR			IS/CHANGE	ES TO OFFICERS AND DIRECTO
Title: Name:	EVPT (X) Delete PYTLINSKI, VINCINT		Title: Name:		() Change () Addition
Address:	10 COMMODORE PL		Address:		
City-St-Zip:	PALM BEACH GARD	ENS, FL 33418	City-St-Zip:		
Title:	PS () Delet	:e	Title:	PST	(X) Change () Addition
Name:	PYTLINSKI, LINDA L		Name:	PYTLINSKI,	
Address:	10 COMMODORE PL		Address:		DORE PLACE
City-St-Zip:	PALM BEACH GARD	ENS, FL 33418	City-St-Zip:	PALM BEAC	CH GARDENS, FL 33418
Title:	D () Delet	e	Title:		() Change () Addition
Name:	MEYERS, SCOTT		Name:		
Address:	2618 MARCHINSKI		Address:		
City-St-Zip:	JUPITER, FL 33477		City-St-Zip:		
Title:	D () Delet	e	Title:		() Change () Addition
Name:	REED, MARK		Name:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: LINDA L. PYTLINSKI PRES 04/18/2005