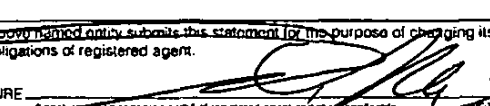
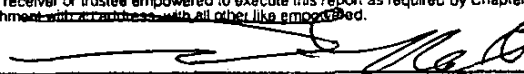


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90441 016 ***150.00

DOCUMENT # P01000090348 1. Entity Name LE SAISON OF BOCA RATON, INC.					
Principal Place of Business 301 S. FEDERAL HIGHWAY BOCA RATON, FL 33432			Mailing Address 301 S. FEDERAL HIGHWAY BOCA RATON, FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 22-3835875	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				66019277 	
6. Name and Address of Current Registered Agent HRAWG CORP 1801 N. MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 4/20/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P MILO, THOMAS JR. 23192 LERMITAGE CIR. BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 a address with all other like empowered.					
SIGNATURE:  DATE 5/26/05					