FOR PROFIT CORPORATION OBJUNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90145 034 ***150.00

DOCUMENT # P01000119725								
	LAURENT	ENTERPRISES	INC					

1. Entity Name ST. LAURENT ENTE	RPRISES INC.						
DO NOT WRITE	IN THIS SI	PAC	E		,		
2. Principal Place of Business 5131 S. RIDGEWOOD AVE							
Suite. Apt. #. etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
SUITE F City & State PORT ORANGE FL	SUITE F City & State PORT ORANGE	FL		4 , F	El Number 60 - 0000229	Applied For Not Applicable	
Zip Country 32127 US	Zip 32127	Cour	ntry	5. C		75 Additional Required	
			Name	·	me and Address of Current Registered Ag	ent	
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)				
			2378 GREEN STREET				
			City	UTH	UTH DAYTONA FL Zin Code 32119		
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its	register	ed office or regis	tered age	ent, or both, in the State of Florida. I am famili	ar with, and accept	
SIGNATURE	NOT						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	and High appreadin. (NOTE	:: Heg slere	ed Agent signature requ	460 MJGU IG	9. Election Campaign Financing	\$5.00 May Be	
Amended UBR is \$61.25 Make Check Payable to Florida Department of	State	. دست مي	عربون المستخدم والماء	بالمستنصف	Trust Fund Contribution.	Added to Fees	
10. OFFICERS AND	DIRECTORS	TIT					
NAME CELESTE HUNT		NAM	AE]				
STREET ADDRESS 2348 GREEN STREET CITY-ST-ZIP SOUTH DAYTONA FL	32119 -		EET ADDRESS (-ST-ZIP				
TITLE NAME		JTIT MAN	1				
STREET ADDRESS CITY-ST-2IP		STR	EET ADDRESS (-ST-ZIP			,	
TITLE		TITL	E				
NAME STREET ADDRESS "	بالمال فاستعطرت بالمال فاستعطرت للمالك	NAN STRI	AE EET Address*	~	DO NOT WOIT	<u> </u>	
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TITLE NAME		TITL NAM	IE .		IN THIS SPACE	Ξ	
STREET ADDRESS City-St-zip			eet address '-st-zip				
TITLE NAME		TITL					
STREET ADDRESS CITY-ST-ZIP		STR	eet address '-st-zip				
TITLE		חוו	·				
NAME Street Address		NAM STRE	IE EET ADDRESS			Ì	
CITY-ST-ZIP	All City and a second second		'-ST-ZIP		19.07(3)(i), Florida Statutes, I further certify the		

indicated on this report or supplied with ansiming does not quality for the exemption stated in Section 119.0 (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 on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR