

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000100825

1. Entity Name  
THE LITE CHOICE, INC.



Principal Place of Business	Mailing Address
2403 EPISA AVENUE COCONUT CREEK, FL 33063 US	2403 EPISA AVENUE COCONUT CREEK, FL 33063 US



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 42-1588089	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BLADIMIRSQUY, ESTELLE B  
2403 EPISA AVENUE  
COCONUT CREEK, FL 33063

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**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**

TITLE	PRES
NAME	BLADIMIRSQUY, MARIO B
STREET ADDRESS	2403 EPISA AVENUE
CITY-ST-ZIP	COCONUT CREEK, FL 33063

TITLE	VP
NAME	BLADIMIRSQUY, ESTELLE B
STREET ADDRESS	2403 EPISA AVENUE
CITY-ST-ZIP	COCONUT CREEK, FL 33063

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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03/21/05-80004-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* PRESIDENT

Date

3/16/05

Daytime Phone #