

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90248 016 \*\*\*150.00

**DOCUMENT # P02000111849**

1. Entity Name  
L.F.E., INC.



Principal Place of Business  
9286 N. CHELSEA DRIVE  
PLANTATION, FL 33324

Mailing Address  
9286 N. CHELSEA DRIVE  
PLANTATION, FL 33324



03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
27-0033547

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

VIVIES, PATRICK  
700 E. DANIA BEACH BLVD.  
SUITE 202  
DANIA, FL 33004

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BONDRILLE, FRANCK
STREET ADDRESS	9286 N. CHELSEA DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	SECRETARY
NAME	CHRISTIAN GUERIN.
STREET ADDRESS	531 RANCH ROAD
CITY-ST-ZIP	WESTON FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04

Date

959-577-2611

Daytime Phone #