



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90129 049 ***150.00

DOCUMENT # P02000111849 1. Entity Name L.F.E., INC.			
Principal Place of Business 9286 N. OHELSEA DRIVE PLANTATION, FL 33324		Mailing Address 9286 N. OHELSEA DRIVE PLANTATION, FL 33324	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 700 E. Dania Bch Blvd. Suite, Apt. #, etc. # 202 City & State Dania, Florida Zip Country 33004 USA	
			
		50034402	
		03232005 Chg-P CR2E034 (10/03)	
		4. FEI Number 27-0033547	
		5. Certificate of Status Desired <input type="checkbox"/> \$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		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	BONDRIE, FRANCK <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	9286 N. CHELSEA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	GUERIN, CHRISTIAN <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	531 RANCH RD.	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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		Date 03/03/05 Daytime Phone #	