SIGNATURE: \_\_

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P02000111849 02-25-2008 90043 002 \*\*\*150.00 1. Entity Name L.F.E., INC. 40000 Principal Place of Business Mailing Address 700 E DANIA BEACH BLVD 9286 N. OHELSEA DRIVE PLANTATION, FL 33324 # 202 DANIA, FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. EEI Number 27-0033547 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIVIES, PATRICK Street Address (P.O. Box Number is Not Acceptable) 700 E. DANIA BEACH BLVD. SUITE 202 **DANIA, FL 33004** City 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 SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agont signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 $\Box$ Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PΠ ☐ Delete TITLE Change ☐ Addition BONDRILLE, FRANCK NAME NAME STREET ADDRESS 9286 N. CHELSEA DRIVE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE **✓** Delete TITLE □ Change Addition GUERIN, CHRISTIAN NAME NAME STREET ADDRESS 531 RANCH RD. STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOTLE ☐ Change ☐ Addition TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 25, 2008 8:00 am