

ANNUAL REPORT

DOCUMENT # P03000000925

1. Entity Name

LINUX ENTERPRISE GROUP, INC.



FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90235 041 ***158.75

Principal Place of Business

C/O CHADWICK E. LABNO
 11750 SW 112TH AVENUE ROAD
 MIAMI, FL 33176

Mailing Address

C/O CHADWICK E. LABNO
 11750 SW 112TH AVENUE ROAD
 MIAMI, FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042004

Chg-P

CR2E034 (10/03)

4. FEI Number

41-2077759

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KATES, ELIZABETH J ESQ.
 4411 NORTHWEST TENTH STREET
 POMPANO BEACH, FL 33066

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

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 FIELDS, STANTON C ☐ Delete
 STREET ADDRESS 385 WEST 49TH STREET SUITE C
 CITY-ST-ZIP HIALEAH, FL 33012

TITLE DVD
 NAME GLASSCOCK, RONALD N ☐ Delete
 STREET ADDRESS 11611 NW 18TH STREET
 CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE DV
 NAME ISRAEL, BEN ☐ Delete
 STREET ADDRESS 7943 LOVE LANE
 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE DV
 NAME GRAUER, ZVI ☐ Delete
 STREET ADDRESS 7225 NW 60TH LANE
 CITY-ST-ZIP PARKLAND, FL 33067

TITLE DST
 NAME LABNO, CHADWICK E ☐ Delete
 STREET ADDRESS 11750 SW 112TH AVENUE ROAD
 CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

Daytime Phone

Chadwick E Labno Chadwick E Labno 4-6-04 305-253-4891