

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026175

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: LASH COMPUTER ENTERPRISES, INC.

## Current Principal Place of Business:

401 SW 86 AVE  
# 108  
PEMBROKE PINES, FL 33025

## New Principal Place of Business:

## Current Mailing Address:

401 SW 86 AVE  
# 108  
PEMBROKE PINES, FL 33025

## New Mailing Address:

FEI Number: 51-0450489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: LASH, MARY  
Address: 401 SW 86 AVE, # 108  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP ( ) Delete  
Name: RODRIGUEZ, GLADYS M  
Address: 20214 NW 52 PL, # 736  
City-St-Zip: OPA LOCKA, FL 33055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: RODRIGUEZ, GLADYS M  
Address: 11311 SW 25 TERRACE  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LASH

PSTD

04/07/2006

Electronic Signature of Signing Officer or Director

Date