

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90038 042 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                                 |                                                                                                      |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000062344</b><br>1. Entity Name<br><b>LE PARC PARTNERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                                                                                 |                                                                                                      |                                                 |  |
| Principal Place of Business<br><b>1500 SAN REMO AVE<br/>         STE 125<br/>         CORAL GABLES, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                                                 | Mailing Address<br><b>1500 SAN REMO AVE<br/>         STE 125<br/>         CORAL GABLES, FL 33146</b> |                                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                                                                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                            |                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                                                 | City & State                                                                                         |                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | Country                                                                                                         |                                                                                                      | Zip                                                                                                                              |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | Country                                                                                                         |                                                                                                      | 4. FEI Number<br><b>58-2367956</b>                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                                                                 |                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |  |
| 6. Name and Address of Current Registered Agent<br><b>ATRIUM REGISTERED AGENTS, INC<br/>         1500 SAN REMO AVENUE<br/>         STE 125<br/>         CORAL GABLES, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                                                                 |                                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                                                 |                                                                                                      |                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                      |                                                                                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                                                                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                         |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DPS<br>ARQI, MAURICE<br>1500 SAN REMO AVENUE STE 125<br>CORAL GABLES, FL 33146 | <input type="checkbox"/> Delete                                                                                 |                                                                                                      |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                      |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                      |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                      |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                      |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                      |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                      |                                                                                                                                  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 1-18-05<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                                                 |                                                                                                      |                                                                                                                                  |  |