


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90333 027 \*\*\*150.00

<b>DOCUMENT # P03000156415</b>	
1. Entity Name <b>LASF ENTERPRISE, INC.</b>	

Principal Place of Business <b>2912 EVANS DRIVE KISSIMMEE, FL 34758 US</b>	Mailing Address <b>2912 EVANS DRIVE KISSIMMEE, FL 34758 US</b>
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2. Principal Place of Business <b>2912 Evans Drive</b>	3. Mailing Address <b>2912 Evans Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Kissimmee, FL</b>	City & State <b>Kissimmee FL</b>
Zip <b>34758</b>	Country <b>USA</b>
Zip <b>34758</b>	Country <b>USA</b>

04162004 Chg-P CR2E034 (10/03)

4. FEI Number <b>06-1714990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent <b>LAVOIE, VIRGINIA R. 2912 EVANS DRIVE KISSIMMEE, FL 34758</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Virginia R. Lavoie</i></u> DATE <u>4/20/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVOIE, FRED J 2912 EVANS DRIVE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAVOIE, COLLIN J 2912 EVANS DRIVE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAVOIE, MILES L 2912 EVANS DRIVE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLISS, ERIC 7718 INDIAN RIDGE TRL SOUTH KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERCATANTE, DANIEL 4200 ALBERT DRIVE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LAVOIE, VIRGINIA R 2912 EVANS DRIVE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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: <u><i>Virginia R. Lavoie</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/20/04</u> Daytime Phone # <u>407-944-1557</u>