## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 18, 2006 8:00 am Secretary of State **DOCUMENT # P04000103801** 1. Entity Name 04-18-2006 90076 001 \*\*\*150.00 S. LÁJOIE, INC. Principal Place of Business Mailing Address 2418 CHARLES ROAD 2418 CHARLES ROAD 12, 2 HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 2. Principal Place of Business 3. Mailing Address 132) SE Suite, Apt. #, etc. 1321 SE I Avenue Suite, Apt. #, etc. 02162006 CR2E034 (11/05) Cha-P Applied For City & State 4. FEI Number 20-1271465 Not Applicable \$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 RICCO, STEPHEN F Street Address (P.O. Box Number is Not Acceptable) **1321 SW 1 AVENUE** DEERFIELD BEACH, FL 33441 Zip Code 8. The above named entity sugmits 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 Street Signature, hydroid printed name of registered agent and are id agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Delete TITLE TITLE LAJOIE, SERGE NAME NAME 4550 W. Sahara Ave, Apt. 2039 Las Vegas, NV. 89102 STREET ADDRESS 2418 CHARLES ROAD STREET ADDRESS HALLANDALE BEACH, FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition πıε TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tructee 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 attactperent with an address, with all other like impowered. 02-26-06 SIGNATURE: \_

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