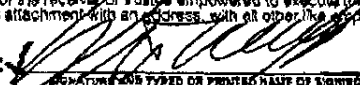


FILED
May 01, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000109232			
1. Entity Name L & E MTS TO GO, INC.			
Principal Place of Business 18679 W DIXIE HWY N MIAMI, FL 33160		Mailing Address 18679 W DIXIE HWY N MIAMI, FL 33160	
DO NOT WRITE IN THIS SPACE			
		04262006 No Chg-P CR26034 (11/05)	
		4. FEI Number 27-0097719	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPOVALOV & BORETH, P.A. 16300 N.E. 19TH AVE., STE. 250 NORTH MIAMI BEACH, FL 33162		DO NOT WRITE IN THIS SPACE	
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 except the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and if it applies NOTE: Registered Agent signature required when registering DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000555895 05/16/06-80051-006 150 10
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-CP	D AINISMAN, LEONID 3401 N. COUNTRY CLUB DR., STE. 101 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-CP	D ENISMAN, EFIM 3401 N. COUNTRY CLUB DR., STE. 101 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-CP			
TITLE NAME STREET ADDRESS CITY-ST-CP			
TITLE NAME STREET ADDRESS CITY-ST-CP			
TITLE NAME STREET ADDRESS CITY-ST-CP			
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 trustee empowered to execute this report as required by Chapter 207, 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: 		4/29/06 305/466 177	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			