FILED
May 31, 2005 8:00 am
Secretary of State

04-27-2005 90280 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000168420

1. Entity Name
LAURA RHOADES ENTERPRISES, INC

66020289

Principal Place of Business	Mailing Address
2530 NE 15TH AVENUE WILTON MANORS, FL 33304	1040 SEMINOLE DRIVE SUITE 1461 FT. LAUDERDALE, FL 33304

2. Principal Place of Business		3. Mailing Address	
		110 N. Federal Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1506	
City & State		City & State Ft. Lauderdale, FL	
Zip	Country	Zip 33301	Country USA

04222005 Chg-P CR2E034 (10/03)

4. FEI Number 201931767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRAUSS, LEA P ESQ 2400 EAST COMMERCIAL BLVD SUITE 709 FT. LAUDERDALE, FL 33308	Name Street Address (P.O. Box Number Is Not Acceptable) City 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 ____________________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHOADES, LAURA 1040 SEMINOLE DRIVE SUITE 1461 FT. LAUDERDALE, FL 33304	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laura RHOADES 110 North Federal Highway Suite 1506 Ft. Lauderdale, FL 33301	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRAUSS, LEA P ESQ 2400 EAST COMMERCIAL SUITE 709 FT. LAUDERDALE, FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/20/05 954-663-8246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #