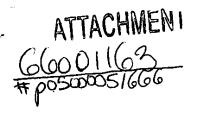
2006 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

1. Entity Nam	MENT #P050000 AVE INC.	51666					2006 90237		
Principal Place 3327 LA SAL SAINT CLOUD	Mailing Address 1000 MASSACHUSET SAINT CLOUD, FL 34	MASSACHUSETTS AVE		DOUULIOJ					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072006	Chg-P	CR2E034	(11/05)	
City & State		City & State			4. FEI Numbe	" 42 -1	662499		phied For X Applicabl
Zip	p Country Zip		Zip Country		5. Certificate of Status Desired				
	6. Name and Address of Curr		7. Name and Address of New Registered Agent Name						
1000 MAS	MOHAMMAD I SACHUSETTS AVE DUD, FL 34769		-		(P.O. Box Numb	er is Not Accepta	FL	Zip Code	•
	named entity submits this stateme fons of registered agent. Sonaue, sped or presed name of registered a			d office or registe		th, in the State of	Florida. I am fam	iliar with,	and accep
	E NOW!!! FER IS \$150.00 by 1, 2006 Pee will be \$3: OFFICERS A				.00 May 86 ded to Fees ADDITIONS/	CHANGES TO O	FFICERS AND DI	RECTORS	S IN 11
NAME STREET ADORESS CATY-ST-ZP	RASHID, MOHAMMAD I 1000 MASSACHUSETTS AV SAINT CLOUD, FL 34769		NAME STREE	T ADDRESS ST-ZIP			_	, , .	
TITLE NAME STREET ADDRESS CITY-ST-ZP	VP RASHID, SOHAIL A 1000 MASSACHUSETTS AV SAINT CLOUD, FL 34789	☐ Delete					C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RASHID, MOHAMMAD R 1000 MASSACHUSETTS AV SAINT CLOUD, FL 34769	☐ Delete	TITLE NAME STREET			· · ·	O	Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	DTLE MAME STREE				D] Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Celete		T ADDRESS ST-ZP				Change	☐ Additio
indicated of the cor	certify that the information supplied on this report or supplemental rep poralion or the receiver or trustee or or on an attachment with an address	ort is true and accurate and that empowered to execute this repo sess, with all other like empowere	l my signat. It as require Id.	mptions contained use shell have the od by Chapter 60	same legal effec 7, Florida Statute	t as if made unde s; and that my na	i, I further certify to croath; that I am a ume appears in Bloom	an officer lock 10 or	or director Block 11 if





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2006

LA SALLE AVE INC. 1000 MASSACHUSETTS AVE SAINT CLOUD, FL 34769 US

Subject: LA SALLE AVE INC.

Reference Number:

P05000051666

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj ANNUAL REPORTS SECTION