2006 FOR PROFIT CORPORATION

Apr 19, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000086876 04-19-2006 90097 011 ***150.00 1. Entity Name L T Z ENTERPRISES, INC. Principal Place of Business Mailing Address 6270 NORTHWEST 120TH DRIVE 6270 NORTHWEST 120TH DRIVE CORAL SPRINGS, FL 33076-1908 CORAL SPRINGS, FL 33076-1908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number 87-0748019 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LE, PHI H 6270 NORTHWEST 120TH DRIVE Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33076-1908 Zip Code City 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 rejustating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. A Change TITLE Delete TITLE ☐ Addition Phi H. Le NAME NAME 6270 NW 120th Drive STREET ADDRESS STREET ADDRESS Coral Springs, FL 33076 CITY-ST-7IP CITY-ST-7IP Delete X Change ☐ Addition TITLE TITLE NAME NAME John Dzung STREET ADDRESS 11500 NW 49th Court Coral Springs, FL 33076 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP A Change TITLE ☐ Delete TITLE ☐ Addition Thong Tran NAME NAME 851 Golf Valley Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Apopka, FL 32712 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITI F ☐ Channe TITLE 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 arn 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:

Phi **Ħ.** Ēe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-753-1698

FILED