## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam L'CHIC, II		5110			04-14-2006	90135 005	***15	80.00
Principal Plac	en of Rusiness	Mailing Address		<del> </del>	1	660130	54	
4 '	AL CLEAR LANE	8204 CRYSTAL CLEAR I	LANE		1	PROTOS	-	
SUITE 600		SUITE 600		)				
ORLANDO, F	L 32809	ORLANDO, FL 32809		(	FEIRI BUIK BOCK FEIK GEN	TA KERNA BINGA BINGA ME		1 <b>0 6</b>
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006	Chg-P	CR2E034 (	11/05)	
City & State		City & State	City & State		849608			plied For
Zip	Country	Zip	Country		of Status Desired		75 Add Required	litional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R			
			Name					
REMIE, LUIS 8204 CRYSTAL CLEAR LANE SUITE 600			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	D, FL 32809							
			City			FL	Zip Code	ə
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office or re	egistered agent, or bot	n, in the State of Flo		iar with,	and accept
the obligat	tions of registered agent.		-	-				
SIGNATURE.								
SIGNATURE.	Signature, typed or printed name of registered agent	t and title of applicable. (NOTE	E: Registered Agent signature i	required when reinstating)		DATE		
FIL		9. Election Campa	Ign Financing	\$5.00 May Be Added to Fees		DATE		_ <del></del>
FIL After M	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Cont	ign Financing ribution.	\$5.00 May Be Added to Fees	CHANGES TO OFF		ECTORS	S IN 11
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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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR