


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 15, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90321 003 \*\*\*150.00

<b>DOCUMENT # P06000133179</b>	
1. Entity Name <b>LETSGELT, INC.</b>	

Principal Place of Business <b>8655 SW 57 PLACE COOPER CITY, FL 33328</b>	Mailing Address <b>8655 SW 57 PLACE COOPER CITY, FL 33328</b>
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**66019167**



2. Principal Place of Business - No P.O. Box # <b>1889 NW 74 Ave.</b>	3. Mailing Address <b>1889 NW 74 Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04122007 Chg-P CR2E034 (12/06)

City & State <b>PEMBROKE PINES FL.</b>	City & State <b>PEMBROKE PINES</b>
Zip <b>33024</b>	Country
City & State <b>PEMBROKE PINES</b>	City & State <b>PEMBROKE PINES</b>
Zip <b>33024</b>	Country

4. FEI Number <b>205795523</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>BEN-JOSEPH, RAFAEL 8655 SW 57 PLACE COOPER CITY, FL 33328</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPST BEN-JOSEPH, RAFAEL 8655 SW 57 PLACE COOPER CITY, FL 33328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEN-JOSEPH, RAFAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1889 NW 74 Ave. PEMBROKE PINES FL. 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: R. B. J. **RAFAEL BEN-JOSEPH** 4-12-07 954 981 5104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #