
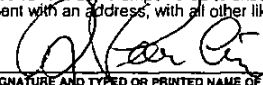


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90085 012 \*\*\*150.00

<b>DOCUMENT # P93000050546</b> 1. Entity Name <b>LASHEA INC.</b>			
Principal Place of Business <b>3842 NW 126TH AVE CORAL SPRINGS, FL 33065 US</b>		Mailing Address <b>3842 NW 126TH AVE CORAL SPRINGS, FL 33065 US</b>	
2. Principal Place of Business <b>5846 NW 123 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>5846 NW 123 Avenue</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs FL</b> Zip <b>33076</b> Country <b>USA</b>		City & State <b>Coral Springs FL</b> Zip <b>33076</b> Country <b>USA</b>	
4. FEI Number <b>65-0430700</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALIJEWICZ, ALEX C PA 14105 TERINA DR WELLINGTON, FL 33414</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>PAULIN, RICARDO J.</b> STREET ADDRESS <b>5846 N.W. 123 AVE</b> CITY-ST-ZIP <b>CORAL SPRINGS, FL 33076</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: 		Date <b>4/12/05</b> Daytime Phone #	