

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000050546

1. Entity Name
LASHEA INC.



Principal Place of Business

3842 NW 126TH AVE
CORAL SPRINGS, FL 33065 US

Mailing Address

3842 NW 126TH AVE
CORAL SPRINGS, FL 33065 US

2. Principal Place of Business

5846 NW 123 Ave
Suite, Apt. #, etc.

3. Mailing Address

5846 NW 123 Avenue
Suite, Apt. #, etc.

City & State
Coral Springs FL
33076 USA

City & State
Coral Springs FL
33076 USA

4. FEI Number
65-0430700

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALIJEWICZ, ALEX C PA
14105 TERINA DR
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME PAULIN, RICARDO J.
STREET ADDRESS 5846 N.W. 123 AVE
CITY-ST-ZIP CORAL SPRINGS, FL 33076

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

Daytime Phone #

04-14-2005 90085 012 ***150.00

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