

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90182 037 \*\*\*150.00

<b>DOCUMENT # P93000050546</b> 1. Entity Name LASHEA INC.																											
Principal Place of Business 5846 NW 123 AVE CORAL SPRINGS, FL 33076 US		Mailing Address 5846 NW 123 AVE CORAL SPRINGS, FL 33076 US																									
2. Principal Place of Business 11229 Lakeview Dr Suite, Apt. #, etc.		3. Mailing Address 11229 Lakeview Dr Suite, Apt. #, etc.																									
City & State Coral Springs FL Zip 33071		City & State Coral Springs FL Zip 33071																									
Country USA		Country USA																									
4. FEI Number 65-0430700		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$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: Ricardo Paulin Street Address (P.O. Box Number is Not Acceptable): 11229 Lakeview Drive City: Coral Springs FL Zip Code: 33071																									
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:  DATE: 4/26/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAULIN, RICARDO J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5846 N.W. 123 AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS, FL 33076</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Paulin Ricardo</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>11229 Lakeview Drive</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Coral Springs FL 33071</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	Paulin Ricardo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	11229 Lakeview Drive		STREET ADDRESS	Coral Springs FL 33071		CITY - ST - ZIP		
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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.																											
SIGNATURE:		DATE: 4/26/06																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>																									

40069000



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