


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000049361 1. Entity Name LINTAE ENTERPRISES, INC.	
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Principal Place of Business 12141 S. DIXIE HWY MIAMI, FL 33156 US	Mailing Address 12141 S. DIXIE HWY MIAMI, FL 33156 US
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03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0502691	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SINCLAIR, LINDA 1605 S.E. 131ST PLACE CIR. W. MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PSD URUCINITZ, TAEKO 9920 S.W. 77TH DRIVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD SINCLAIR, LINDA 1605 SW 131ST PLACE CIR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000098032
03/29/04-80024-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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**
Date:  Daytime Phone #: 