

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016839

FILED
Sep 27, 2004
Secretary of State

Entity Name: LAFOND ENTERPRISES, INC.

Current Principal Place of Business:

9630 BOULDER STREET
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

9630 BOULDER STREET
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 65-0644386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LAFOND, PORTIA H
Address: 9630 BOULDER STREET
City-St-Zip: MIRAMAR, FL 33025

Title: CFO () Delete
Name: YEARWOOD, SEAN L
Address: 3131 THAMES WAY
City-St-Zip: MIRAMAR, FL 33025

Title: B-D () Delete
Name: MONTGOMERY, IDA P
Address: 4241 SW 24TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: B-D () Delete
Name: LAFOND, CHERRIE
Address: 3131 THAMES WAY
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PORTIA LAFOND

CEO

09/27/2004

Electronic Signature of Signing Officer or Director

Date