

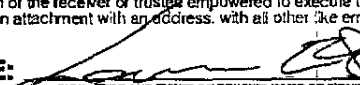


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000021861 1. Entity Name L. A. E., INC.			
Principal Place of Business 10843 SW 158 LANE MIAMI, FL 33157 US		Mailing Address PO BOX 970652 MIAMI, FL 33197 US	
DO NOT WRITE IN THIS SPACE		 01122004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0738970		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 PALMER, PALMER AND MAN 12790 SOUTH DIXIE HWY MIAMI, FL 33156		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 _____ <small>Signature: typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when renewing.)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
OFFICERS AND DIRECTORS		U000000172021 09/09/04-80007-012 550.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EBANKS, LAURENCE P.O. BOX 970652 MIAMI, FL 33197	DO NOT WRITE IN THIS SPACE	
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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: 		8-804 Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			