

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000045452

Entity Name: LAFE ENTERPRISES, INC.

FILED
Jun 01, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 452533
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 452533
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3512562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARKS, JEFFREY C
545 DELANEY AVE
BUILDING 8
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PENA, FEDERICO
Address: P.O. BOX 452533
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: PENA, LEONIDA
Address: P.O. BOX 452533
City-St-Zip: KISSIMMEE, FL 34744

Title: MS (X) Delete
Name: PENA, JEANNITEE L
Address: P.O. BOX 452533
City-St-Zip: KISS, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PENA, FEDERICO
Address: P.O. BOX 452533
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Change () Addition
Name: PENA, LEONIDA
Address: P.O. BOX 452533
City-St-Zip: KISSIMMEE, FL 34744

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: LEONIDA PENA

VP

06/01/2005

Electronic Signature of Signing Officer or Director

Date