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Apr 02, 2004 8:00 am
Secretary of State

02-18-2004 90015 032 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/1

DOCUMENT # S68275

1. Entity Name
L & F ENTERPRISES, INC.

664093249

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
2900 SO. STATE RD 7 MIRAMAR FL 33023	2900 SO. STATE RD 7 MIRAMAR FL 33023

2. Principal Place of Business	3. Mailing Address
19101 NW 2nd AVE	19101 NW 2nd AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33169 Country: DADE	Zip: 33169 Country: DADE

4. FEI Number 65-0276554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORWOOD, JAMES W
2900 S SR 7
MIRAMAR FL 33053

7. Name and Address of New Registered Agent

Name: FORWOOD JAMES
Street Address (P.O. Box Number is Not Acceptable): 19101 NW 2nd AVE
City: MIAMI FL Zip Code: 33169

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: [signature] PRESIDENT. 2-13-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORWOOD, JAMES W		NAME	
STREET ADDRESS	2900 S SR 7		STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33053		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] JAMES FORWOOD PRESIDENT 3-29-04 954 471 2187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #