2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2005 8:00 am Secretary of State

05-18-2005 90027 037 ****70.00

Principal Place of Dusiness Mailing Address SUITE 104 HOMESTEAD, FL 33030 US	DOCUMENT # N20849 1. Entity Name LE JARDIN COMMUNITY CENTER, INC.)				
Suite, Apt. 4, etc. Cry & State Cry	311 NE 8TH STREET 311 SUITE 104 SUIT		11 NE 8TH STREET NTE 104							
City & State Ci	2. Principal Place of Business 3. M		Mailing Address						EIRH JEH HIL	
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072005	Chg-NP	CR2E037	7 (10/03)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROBINSKY, BRENT GS3 NORTH KROME AVENUE HOMESTEAD, FL 33030 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61.25	City & State		City & State			4. FEI Numbe 59-2810	036	1.	—	
PROBINSKY, BRENT 633 NORTH KROME AVENUE HOMESTEAD, FL 33030 6. 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 Signature Signature, hyad or present or registered agent and little if applicable. (NOTE Registered Agent algorature Required Agent agent and little if applicable. (NOTE Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. Or both, in th	Zip Cou	ntry Z	ip	Cour	ntry	5. Certificate of	of Status Desired			
PROBINSKY, BRENT 633 NORTH KROME AVENUE HOMESTEAD, FL 33030 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filting Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. State 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DIREC	6. Name and Add	dress of Current Register	red Agent			7. Name and	Address of New R	egistered A	gent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	DDODINGKY DDENT			Name						
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	633 NORTH KROME AVEN	IUE			Street Address	(P.O. Box Numbe	r is Not Acceptable	e)		
SIGNATURE Signature Signa					City			FL	Zip Cod	e
Filling Fee is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS: 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DVP DVP NAME STREET ADDRESS CITY-ST-2P TITLE DT DEBET ADDRESS STREET			pose of changing its r	egistere	d office or registe	ered agent, or both	n, in the State of Flo	orida. I am la	miliar with,	and accept
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DVP		ame of registered agent and little if a	opticable. (NOTE:	Registered	Agent signature require	ed when reinstating)		DATE		
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indicated on this report or supplies with this ming does not quality for the earthpion 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 617, 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:

Audela 5-1-05 (305) 245-720