## 2008 FOR PROFIT CORPORATION

## Jan 31, 2008 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P00000009507 1. Entity Name LEJAN INVESTMENTS, INC. Principal Place of Business Mailing Address 2655 LEJEUNE RD 2655 LEJEUNE RD PH-2C PH-2C CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1015363 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SOTO, OSVALDO N DO NOT WRITE 2655 LEJEURRE RD PH-2C IN THIS SPACE CORAL GABLES, FL 33134 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 obligation and registered agent. SIGNATUF. Signature, typed or printed , wive of regimered to \$\frac{1}{2} = 2 \tag{1} and if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. U000000806454 Added to Fees OFFICERS AND DIRECTORS 10. TITLE SOTO, OSVALDO N NAME STREET ADDRESS 2655 LEJEUNE RD H 2-C CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**