


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90439 041 ***150.00

DOCUMENT # P03000015303	
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1. Entity Name LEJEUNE CORPORATE CENTER, INC.	Principal Place of Business 12235 SW 129TH CT. MIAMI, FL 33186	Mailing Address 12235 SW 129TH CT. MIAMI, FL 33186
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2. Principal Place of Business 10 NW 42ND AVE Suite 400 MIAMI, FLORIDA 33126 USA	3. Mailing Address 10 NW 42ND AVE Suite 400 MIAMI, FLORIDA 33126 USA
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04202004 Chg-P CR2E034 (10/03)

4. FEI Number 68-0540515	<input type="checkbox"/> 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 BRODIE, SIDNEY Z 7270 NW 12TH ST. MIAMI, FL 33126

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOURIZ, MARIA		NAME MOURIZ, Reinaldo J.	
STREET ADDRESS 12235 SW 129TH CT.		STREET ADDRESS 10 NW 42ND AVE, Suite 400	
CITY-ST-ZIP MIAMI, FL 33186		CITY-ST-ZIP MIAMI, FL 33126	
TITLE	<input type="checkbox"/> Delete	TITLE VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME MOURIZ, Miguel A	
STREET ADDRESS		STREET ADDRESS 10 NW 42ND AVE. Suite 400	
CITY-ST-ZIP		CITY-ST-ZIP MIAMI, FL 33126	
TITLE	<input type="checkbox"/> Delete	TITLE UPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Puig, Enrique	
STREET ADDRESS		STREET ADDRESS 10 NW 42ND AVE. Suite 400	
CITY-ST-ZIP		CITY-ST-ZIP MIAMI, FL 33126	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Reinaldo J. Mouriz** **4/21/04** **(805) 567-1577**