

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90103 046 ***150.00

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1. Entity Name
LENMAN OVERSEAS INCORPORATED



Principal Place of Business Mailing Address
C/O SHUTTS & BOWEN LLP///ATTN: JCD
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

40101305



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0785268

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
ATTN: JCD
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

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

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, 2007 Fee will be \$550.00

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 **P** ☒ Delete
NAME **WHITE, SHONA L**
STREET ADDRESS **PASEA ESTATE, POB 958, ROAD TOWN**
CITY-ST-ZIP **TORTOLA, BR. VIRGIN ISLANDS.**

TITLE **PD** ☒ Change ☐ Addition
NAME **Wilson, Anne**
STREET ADDRESS **Pasea Estate, P.O. Box 958, Road Town**
CITY-ST-ZIP **Tortola, British Virgin Islands**

TITLE **V** ☐ Delete
NAME **ROGERS, KAY-LINDA**
STREET ADDRESS **PASEA ESTATE, POB 958, ROAD TOWN**
CITY-ST-ZIP **TORTOLA, BR. VIRGIN ISLANDS.**

TITLE **VD** ☒ Change ☐ Addition
NAME **Richardson, Kay-Linda**
STREET ADDRESS **Pasea Estate, P.O. Box 958, Road Town**
CITY-ST-ZIP **Tortola, British Virgin Islands**

TITLE **AS** ☐ Delete
NAME **DIBBS, JEAN-CHARLES ESQ.**
STREET ADDRESS **201 S. BISCAYNE BLVD., SUITE 1500**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean-Charles Dibbs

4-30-07

Date

305-379-9192

Daytime Phone #