2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31443

FILED Jan 05, 2007 Secretary of State

Entity Name: LEHMAN DEALERSHIP ENTERPRISES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
1400 NW IIAMI, FL	2ND AVE 33169			
Current Mailing Address:		New Mailing Address:		
1400 NW IIAMI, FL	2ND AVE 33169			
El Number	: 59-2497086	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
1400 NW	WILLIAM, JR. ' 2ND AVE.			
IIAMI, FL	33169 US			
he above		ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity s e of Florida. RE:	ubmits this statement for the p		ed office or registered agent, or both, Date
he above the State	named entity s e of Florida. RE: Electroni	·		
he above the State IGNATU	named entity s e of Florida. RE: Electroni	ic Signature of Registered Ago	ent	
he above the State IGNATUI	e named entity see of Florida. RE: Electronic mpaign Financing S AND DIRECT	ic Signature of Registered Ago Trust Fund Contribution (). TORS: Delete AM, JR.,	ent	Date
he above the State IGNATUI ection Car FFICER. tte: ame: ddress:	e named entity see of Florida. RE: Electronic mpaign Financing S AND DIRECT DP () LEHMAN, WILLI 21400 NW 2ND MIAMI, FL	ic Signature of Registered Agr Trust Fund Contribution (). FORS: Delete AM, JR., AVE	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA M ROSENBLATT V 01/05/2007