## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J53140

Entity Name: LENA, INC.

City-St-Zip:

DELRAY BEACH, FL 33484

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Business:				New Prince	New Principal Place of Business:			
	VENETIA W. EACH, FL 33	484		SUITE 104	50TH STRE IAMI, FL 33			
Current Mailing Address:				New Maili	New Mailing Address:			
	VENETIA W. EACH, FL 33	3484		SUITE 104	50TH STRE IAMI, FL 33			
FEI Number:	65-0000907	FEI Number Appl	ied For ( ) FEI N	lumber Not App	licable ( )	Certificate of Status Desire	d ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
FARACHE, AHRON 16294 VIA VENETIA W. DELRAY BEACH, FL 33484 US				1999 NE 1 SUITE 104	FARACHE, AHRON 1999 NE 150TH STREET SUITE 104 NORTH MIAMI, FL 33181 US			
The above in the State		submits this state	ment for the purpose	of changing i	ts registere	ed office or registered agent,	or both,	
SIGNATURE:					01/10/2005			
	Electro	nic Signature of Re	egistered Agent			Date		
Election Can	npaign Financin	g Trust Fund Contrib	oution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( FARACHE, LUI 16294 VIA VEN DELRAY BEAC	IETIA W.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V ( FARACHE, LIN 16294 VIA VEN DELRAY BEAC	IETIA W.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address:	S ( FARACHE, AH 16294 VIA VEN			Title: Name: Address:	S FARACHE, 21205 YAC	(X) Change()Addition AHRON HT CLUB DRIVE. APT 3204		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

AVENTURA, FL 33180

SIGNATURE: AHRON FARACHE S 01/10/2005