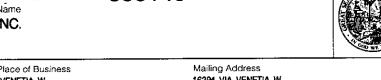
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J53140

DOCUMENT # 1. Entity Name

LENA, INC.



FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90008 035 ***150.00

Principal Place of Business 6294 VIA VENETIA W. DELRAY BEACH FL 33484		16294 VIA VENETIA	16294 VIA VENETIA W. DELRAY BEACH FL 33484						
2. Principal Pl	lace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	Э	City & State	City & State			lumber 65-0000907		pplied For of Applicable	
Zip	S Country	Zip	Zip Count			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					
				Name					
FARACHE,				Street Address	s (PO Box N	P.O. Box Number is Not Acceptable)			
16294 VIA	VENETIA W.		Street Addres		s (1.0. Box Number is Not Acceptable)				
	EACH FL 33484								
DELIVII DI	D.O. 1 1 2 00 10 1			City			Zip Code		
				City		F	L Zip code	-	
the obligati	named entity submits this stateme ions of registered agent.			ed office or regis				and accept	
	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registere	a Agent signature redo		ng) DAIL			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 c Payable to Florida Departme	.00			!	Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS A	AND DIRECTORS	11.		ADDITI	ONS/CHANGES TO OFFICERS AN	ND DIRECTORS	3 IN 11	
	P FARACHE, LUNA 16294 VIA VENETIA W. DELRAY BEACH FL 33484	□ Dele	NAM STRE				☐ Change	Addition	
	V FARACHE, LINA 16294 VIA VENETIA W. DELRAY BEACH FL 33484		NAM STRE				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARACHE, AHRON 16294 VIA VENETIA W. DELRAY BEACH FL 33484	☐ Deli	NAM STRE		and a contract of		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dele	NAM STRE				☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		□ Dele	NAM Stre				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	NAM Stre	L			☐ Change	Addition	
12. hereby o	certify that the information supplied	with this filing does not q	ualify for the exe	emption stated in	Section 119.	07(3)(i), Florida Statutes. I further o	ertify that the in	nformation	

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:

Daytime Phone #