

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56196

Entity Name: LEM, INC.

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

2843 W ORCHARD CIR
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

2843 W ORCHARD CIR
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-2777028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHTER, LOIS
2843 W. ORCHARD CIRCLE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHTER, LOIS
Address: 2843 WEST ORCHARD CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: S () Delete
Name: STERN, ESSIE,
Address: 2110 SW 72 AVE
City-St-Zip: DAVIE, FL 33317

Title: V () Delete
Name: STERN, MAX
Address: 2110 SW 72 AVE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LOIS RICHTER

PD

01/03/2005

Electronic Signature of Signing Officer or Director

Date