

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20097

FILED
Feb 21, 2005
Secretary of State

Entity Name: LEJEUNE ON THE TRAIL, INC.

Current Principal Place of Business:

4230 SW 8TH ST
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

3737 SW 8TH ST
STE #300
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0147698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOZES, LEE
3737 SW 8TH ST
STE #300
CORAL GABLES, FL 33134 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: MOZES, SAMUEL,
Address: 3737 SW 8TH ST, STE 300
City-St-Zip: CORAL GABLES, FL

Title: ST () Delete
Name: MOZES, LEE,
Address: 3737 SW 8TH ST, STE 300
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LEE MOZES

ST

02/21/2005

Electronic Signature of Signing Officer or Director

_____ Date