

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M33518

FILED
Apr 27, 2009
Secretary of State

Entity Name: LE JEUNE RD. TRAVEL SERVICE INC.

Current Principal Place of Business:

16000 NW 7 AVE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

16000 NW 7 AVE
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 59-2682972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, FELIX
782 NW LEJEUNE RD
SUITE 439
MIAMI, FL 33126 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: VP () Delete
Name: CANADAS, MARIO
Address: 20711 SW 116 PLACE
City-St-Zip: MIAMI, FL 33189

Title: P () Delete
Name: KNOWLES, LIVINGSTONE
Address: 8925 NE 9 CT
City-St-Zip: MIAMI, FL 33138

Title: S () Delete
Name: JARAMILLO, NANCY
Address: 631 SW 111 LANE 5-102
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: JARAMILLO, NANCY
Address: 610 SW 100 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify 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: NANCY JARAMILLO

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04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date