2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M33518

FILED Apr 27, 2009 Secretary of State

Entity Name: LE JEUNE RD. TRAVEL SERVICE INC

Current P	rincipal Plac	e of Business:	New Principal Place	e of Business:
16000 NV MAMI, FL		6		
Current M	lailing Addre	ess:	New Mailing Addres	ss:
16000 NW MAMI, FL		8		
El Number	: 59-2682972	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
CRUZ, FE				
SUITE 439 MIAMI, FL	33126 US	γ submits this statement for th	e purpose of changing its register	ed office or registered agent, or both,
SUITE 439 MIAMI, FL The above n the Stat	33126 US named entity of Florida.	γ submits this statement for th	e purpose of changing its register	ed office or registered agent, or both,
SUITE 439 MIAMI, FL The above) 33126 US named entity of Florida. RE:			
SUITE 439 MIAMI, FL The above In the State SIGNATU	33126 US named entity of Florida. RE: Electro	submits this statement for the onic Signature of Registered A		ed office or registered agent, or both, Date
SUITE 439 MIAMI, FL The above n the Stat BIGNATU Election Ca	33126 US named entity of Florida. RE: Electro	onic Signature of Registered A	Agent	
SUITE 439 MIAMI, FL The above n the Stat BIGNATU Election Ca	33126 US named entity of Florida. RE: Electro mpaign Financia	onic Signature of Registered Ang Trust Fund Contribution (). CTORS:) Delete ARIO 6 PLACE	Agent	Date
SUITE 439 AIAMI, FL The above In the State GIGNATU Section Car DFFICER ittle: lame: laddress:	33126 US named entity of Florida. RE: Electro mpaign Financi S AND DIREC VP (CANADAS, M) 20711 SW 11 MIAMI, FL 33	onic Signature of Registered Ang Trust Fund Contribution (). CTORS:) Delete ARIO 6 PLACE 1189) Delete IVINGSTONE	Agent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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 S 04/27/2009