





2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90256 028 ***158.75

DOCUMENT # M49057 1. Entity Name LE JEUNE ELECTRONICS, INC.					
Principal Place of Business 121 ALHAMBRA PLAZA SUITE 1000 MIAMI, FL 33134			Mailing Address 121 ALHAMBRA PLAZA SUITE 1000 MIAMI, FL 33134		
2. Principal Place of Business 2000 PONCE DE LEON BLVD. SIXTH FLOOR CORAL GABLES, FLA		3. Mailing Address 2000 PONCE DE LEON BLVD. SIXTH FLOOR CORAL GABLES, FLA			
City & State 33134 Dade		City & State 33134 Dade		4. FEI Number 59-2809555	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent GROSSMAN, MARK D 121 ALHAMBRA PLAZA SUITE 1000 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent GROSSMAN, MARK D 2000 PONCE DE LEON BLVD. SIXTH FLOOR CORAL GABLES, FL 33134		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CPD NAME LEKNES, HAYDEE STREET ADDRESS 121 ALHAMBRA PLAZA SUITE 1000 CITY-ST-ZIP MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE CPD NAME LEKNES, HAYDEE STREET ADDRESS 2000 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES, FLA 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Date: 04/22/05 Daytime Phone #: (305) 238-0477		