

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90034 017 \*\*\*\*70.00

**DOCUMENT # N03000004151**

1. Entity Name  
**LE JEUNE INDUSTRIAL SITES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **13073 NW 42ND AVE OPA LOCKA FL 33054**  
Mailing Address: **1221 EAST 9TH COURT HIALEAH FL 33010**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**13073 N.W. 42 Ave.**  
Suite, Apt. #, etc.

City & State  
**Opal-Locka, Florida**

Zip: **33054** Country: **H. Dade**



1st MOORE CR2E037 (10/04)

4. FEI Number: **86-1083542** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GOMEZ, JOSE O  
1221 EAST 9TH COURT  
HIALEAH FL 33010**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>PD</b> <input type="checkbox"/> Delete	NAME: <b>GOMEZ, JOSE O</b>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>1221 EAST 9TH COURT</b>	CITY-ST-ZIP: <b>HIALEAH FL 33010</b>	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <b>VD</b> <input type="checkbox"/> Delete	NAME: <b>GOMEZ, OMAR</b>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>1221 EAST 9TH COURT</b>	CITY-ST-ZIP: <b>HIALEAH FL 33010</b>	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <b>STD</b> <input type="checkbox"/> Delete	NAME: <b>GOMEZ, EULALIA</b>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>1221 EAST 9TH COURT</b>	CITY-ST-ZIP: <b>HIALEAH FL 33010</b>	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
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STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____

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 617, 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 officers empowered.

SIGNATURE: **Jose Gomez (President)** **3/07/05 (305) 688-4949**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #