


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90035 001 \*\*\*\*61.25

**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  
 13073 NW 42 AVE  
 OPA LOCKA, FL 33054

**DO NOT WRITE IN THIS SPACE**



02142007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>86-1083542</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required


6. Name and Address of Current Registered Agent

GOMEZ, JOSE O  
~~1221 EAST 9TH COURT~~  
~~HIALEAH, FL 33010~~  
 13073 NW 42 AVE  
 OPA LOCKA, FLA 33054

*Change of Address*

**DO NOT WRITE IN THIS SPACE**

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: 

Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, JOSE O 1221 EAST 9TH COURT HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOMEZ, OMAR 1221 EAST 9TH COURT HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOMEZ, EULALIA 1221 EAST 9TH COURT HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #