

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 31, 2009  
Secretary of State**

DOCUMENT# N03000004151

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

**Current Principal Place of Business:**

13073 NW 42ND AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

13073 NW 42 AVE  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 86-1083542      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, JOSE O  
13043 NW 172ND AVE  
OPA LOCKA, FL 33054      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: GOMEZ, JOSE O  
Address: 10490 NW 42ND AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VD      ( ) Delete  
Name: GOMEZ, OMAR  
Address: 10490 NW 42ND AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE O GOMEZ

PD

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date