



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

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90202 029 \*\*\*\*61.25

<b>DOCUMENT # N04000007772</b>			
1. Entity Name LE JEUNE EXECUTIVE BUILDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 351 NW LE JEUNE ROAD SUITE 600 MIAMI, FL 33126		Mailing Address 351 NW LE JEUNE ROAD SUITE 600 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARVESU, MANUEL 201 ALHAMBRA CIRCLE SUITE 502 MIMI, FL 33134		Name <b>Hamid Bolooki</b> Street Address (P.O. Box Number is Not Acceptable) <b>351 N.W. LeJeune Rd. #600</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>	
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  / <b>HAMID BOLOOKI</b>		DATE <b>4/9/07</b>	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLORZANO, MADELINE 351 NW LE JEUNE ROAD MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMID BOLOOKI 351 N.W. LeJeune Rd. #600 Miami, Fl. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NIN, FREDERICK L 351 NW LE JEUNE ROAD MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Juan Garces 351 N.W. LeJeune Rd. #503 Miami, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANCHEZ-MEDINA, ROLAND 351 NW LE JEUNE ROAD MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Antonio Barcia 351 N.W. LeJeune Rd. #402 Miami, FL. 33126 <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



01152007 Chg-NP CR2E037 (12/06)

4. FEI Number  
75-3167280 Applied For  
Not Applicable

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

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:  / **HAMID BOLOOKI** DATE: **4/9/07** DAYTIME PHONE #: **305-643-5540**