


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000007772

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
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02122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3167280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOLOOKI, HAMID
 351 N.W. LE JEUNE RD., #600
 MIAMI, FL 33126**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
 Due by May 1, 2008**

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

000000915589
 05/09/08-80019-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLOOKI, HAMID 351 N.W. LEJEUNE RD., #600 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCES, JUAN 351 N.W. LEJEUNE RD., #503 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARCIA, ANTONIO 351 N.W. LEJEUNE RD., #402 MIAMI, FL 33126
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: *Hamid Bolooki* **Hamid Bolooki** 4/9/08 (305) 643-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #