

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P00000000478

1. Entity Name

LEN VENTURES, INC.



**FILED
Apr 14, 2004 8:00 am
Secretary of State**

04-14-2004 90063 036 ***150.00

240440000



MOORE CR2E034 (11/03)

Principal Place of Business Mailing Address
9719 SAN JOSE BLVD.
JACKSONVILLE FL 32257

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 59-3619788 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, LYNN M
9719 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Name Evelio Fernandez Jr

Street Address (P.O. Box Number is Not Acceptable)

9719 San Jose Blvd #3

City Jacksonville FL Zip-Code 32257

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 *Evelio Fernandez Jr* *Evelio Fernandez Jr* DATE *4/12/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME FERNANDEZ, EVELIO
STREET ADDRESS 9719 SAN JOSE BLVD. SUITE #3
CITY-ST-ZIP JACKSONVILLE FL 32257

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE Secretary Delete
NAME Treasurer *Evelio Fernandez Jr*
STREET ADDRESS 9719 San Jose Blvd #3
CITY-ST-ZIP 32257

TITLE Delete
NAME *Evelio Fernandez Jr*
STREET ADDRESS *9719 San Jose Blvd #3*
CITY-ST-ZIP *32257*

TITLE Delete
NAME *Evelio Fernandez Jr*
STREET ADDRESS *9719 San Jose Blvd #3*
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STREET ADDRESS *9719 San Jose Blvd #3*
CITY-ST-ZIP *32257*

TITLE Delete
NAME *Evelio Fernandez Jr*
STREET ADDRESS *9719 San Jose Blvd #3*
CITY-ST-ZIP *32257*

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 607, 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: *Evelio Fernandez Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04 904-2620400
Date Daytime Phone #