

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90018 022 ***150.00

DOCUMENT # P00000094324 1. Entity Name LENSHIR, INC.																							
Principal Place of Business 1980 S OCEAN DR 7-C HALLANDALE, FL 33009			Mailing Address 1702 FREDENDALL CIR SOUTHAMPTON, PA 18966																				
2. Principal Place of Business 1980 S OCEAN DR		3. Mailing Address Suite, Apt. #, etc. PH-K																					
City & State HALLANDALE FL		City & State HALLANDALE FL		4. FEI Number 65-1058461																			
Zip 33009		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent EDELMAN, LEONARD 1980 SO OCEAN DR 7-C HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name EDELMAN, LEONARD Street Address (P.O. Box Number is Not Acceptable) 1980 SO OCEAN DR PH-K City HALLANDALE FL Zip Code 33009																				
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 <u><i>Leonard Edelman</i></u> 2/12/05 DATE 2-8-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
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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: <u><i>Leonard Edelman</i></u> 2/12/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2-8-05 Daytime Phone # 355-2979																			