


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90315 021 \*\*\*150.00

**DOCUMENT # P01000001322**

1. Entity Name  
**LE JEUNE KARS, INC.**



Principal Place of Business      Mailing Address  
**4245 E. 8TH AVENUE**      **4245 E. 8TH AVENUE**  
**HIALEAH, FL 33013**      **HIALEAH, FL 33013**

2. Principal Place of Business      3. Mailing Address  
**1600 EAST 8 AVENUE**      **SAME**  
 Suite, Apt. #, etc.      Suite/Apt. #, etc.

City & State      City & State  
**HIALEAH**      **HIALEAH**  
 Zip      Country      Zip      Country  
**33013**      **USA**

04082004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1066351**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRUNASCO, ELIZABETH B**  
**4245 E. 8TH AVE.**  
**HIALEAH, FL 33013**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**8540 S.W. 149 AVE.**  
 City      State      Zip Code  
**Miami**      **FL**      **33193**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD BRUNASCO, ELIZABETH B 4245 E. 8TH AVENUE HIALEAH, FL 33013 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERONESI, ALEJANDRA 4245 E. 8TH AVE. HIALEAH, FL 33013 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8540 S.W. 149 AVE.</b> <b>Miami FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VERONESI, ALEJANDRO</b> <b>8540 S.W. 149 AVE.</b> <b>Miami FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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:**  **ELIZABETH BRUNASCO - President**      **04-08-2004 (305) 769-2229**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #