2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# P01000022950

Entity Name: LEHMAN FINANCE COMPANY

Current Principal Place of Business:

21400 NW 2ND AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

21400 NW 2ND AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-1085229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEHMAN, WILLIAM JR
21400 NW 2ND AVENUE
MIAMI, FL 33169

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAM, LEHMAN
Address: 21400 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33169

Title: VPD ( ) Delete
Name: ANTHONY, PASSAFUME
Address: 21400 NW 2 AVE
City-St-Zip: MIAMI, FL 33169

Title: VPSD ( ) Delete
Name: IRA, ROSENBLATT
Address: 21400 NE 2 AVE
City-St-Zip: MIAMI, FL 33169

Title: TD ( ) Delete
Name: DOLECES, RAKINER
Address: 21400 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LEHMAN PD 02/11/2004

Electronic Signature of Signing Officer or Director — Date