

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057893

FILED
Mar 07, 2005
Secretary of State

Entity Name: LEXINGTON MANAGEMENT, INC.

Current Principal Place of Business:

455 GRAND BAY DR., UNIT 825
KEY BISCAYNE, FL 33149

New Principal Place of Business:

8925 COLLINS AVE
APT 10 B
SURFSIDE, FL 33154

Current Mailing Address:

C/O CBAJ
3001 PONCE DE LEON BLVD. -SUITE 211
CORAL GABLES, FL 33134

New Mailing Address:

8925 COLLINS AVE
APT 10 B
SURFSIDE, FL 33154

FEI Number: 65-1128574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF C.A. ROMERO, J.R.
3195 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LAW OFFICES OF C.A. ROMERO, J.R, PA
3195 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

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: CARLOS A ROMERO JR

03/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANGUM, CHRISTOPHER D
Address: 1201 WEST PEACHTREE ST.
City-St-Zip: ATLANTA, GA 303093424

Title: P () Delete
Name: FRANZ, BARBARA
Address: 8925 COLLINS AVENUE -SUITE #10B
City-St-Zip: MIAMI, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BARBARA FRANZ

D

03/07/2005

Electronic Signature of Signing Officer or Director

Date