


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90013 015 \*\*\*150.00

DOCUMENT # P01000061001		
1. Entity Name LEME FASHION CORPORATION		

Principal Place of Business 770 CLAUGHTON ISLAND DR #1605 MIAMI, FL 33131	Mailing Address 770 CLAUGHTON ISLAND DR #1605 MIAMI, FL 33131
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54054886



2. Principal Place of Business 150 S. University Drive Suite C Plantation, FL 33324 USA	3. Mailing Address 150 S. University Drive Suite C Plantation, FL 33324 USA
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05122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1114133	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE A LEME, MARIA T 770 CLAUGHTON ISLAND DRIVE 1605 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name: De A Leme, Maria T Street Address (P.O. Box Number is Not Acceptable): 150 S. University Drive, Suite C City: Plantation FL Zip Code: 33324
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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: <i>Maria T Leme</i> DATE: 5/12/04
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**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE A LEME, MARIA T 770 CLAUGHTON ISLAND DRIVE, #1605 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	De A Leme, Maria T 150 S. University Drive, Suite C Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Maria T Leme* DATE: 5/12/04 DAYTIME PHONE: 954-472-9144