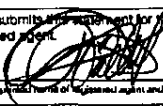
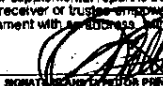


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91766 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000073103			
1. Entity Name LEAN TECHNOLOGIES INC.			
Principal Place of Business 4102 LAUREL RIDGE CIRCLE WESTON, FL 33331		Mailing Address 4102 LAUREL RIDGE CIRCLE WESTON, FL 33331	
2. Principal Place of Business 1471 Stillwater Drive Suite, Apt. #, etc.		3. Mailing Address 1471 Stillwater Drive Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33141	Country USA	Zip 33141	
4. FEI Number 85-1127107		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KALHIL, FARYT 4102 LAUREL RIDGE CIRCLE WESTON, FL 33331		7. Name and Address of New Registered Agent Name Kalhil Faryt Street Address (P.O. Box Number is Not Acceptable) 1471 Stillwater Drive Miami Beach, FL 33141 City FL Zip Code	
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  DATE 4/29/03 (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents (general accepted) often electing))			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD KALHIL, FARYT 4102 LAUREL RIDGE CIRCLE WESTON, FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Kalhil, Faryt 1471 Stillwater Drive Miami Beach, FL 33141	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 my address, with all other like empowered.			
SIGNATURE:  FARYT, KALHIL		DATE: 4/29/03 (305) 798 3828	

CR21034 (10/02)