

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000093034 1. Entity Name LENIS GROUP, INC.																													
Principal Place of Business 8004 NW 154TH ST. SUITE 365 MIAMI LAKES, FL 33016			Mailing Address 8004 NW 154TH ST. SUITE 365 MIAMI LAKES, FL 33016																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
6. Name and Address of Current Registered Agent LENIS, WILFREDY 8004 NW 154TH ST. SUITE 365 MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable _____ DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LENIS, WILFREDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8004 NW 154TH ST. #365</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI LAKES, FL 33016</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	LENIS, WILFREDY		STREET ADDRESS	8004 NW 154TH ST. #365		CITY- ST- ZIP	MIAMI LAKES, FL 33016		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>U000000155825</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>05/05/04-80053-009 150.00</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	U000000155825		STREET ADDRESS	05/05/04-80053-009 150.00		CITY- ST- ZIP		
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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: <i>Wilfredy Lenis</i> PR'S WILFREDY LENIS 305 836 8859 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Cayman Phone # _____																													