2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094280

1. Entity Name
LEMACOR REAL ESTATE HOLDINGS, INC.

Principal Place of Business	Mailing Address
3815 SW 168 TER	~~820 SW 149 TE~~ 511 SW 156 Ave
MIRAMAR, FL 33029	PEMBROKE PINES, FL 33027

4001083l

DO NOT WRITE IN THIS SPACE

01262005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
47-0866174	Not Applicable

5. Certificate of Status Desired	☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATISTA, JOHN ~~820 SW 149 TER~~ 511 SW 156 Ave
PEMBROKE PINES, FL 33027

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

JOHN BATISTA
(NOTE: Registered Agent signature required when reinstating)

1-28-05
DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.	☐	$5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CORELLI, MARIA GRACIA
STREET ADDRESS	~~820 SW 149 TER~~ 511 SW 156 Ave
CITY-ST-ZIP	PEMBROKE PINES, FL 33027

TITLE	D
NAME	CORELLI, ANGELO
STREET ADDRESS	~~820 SW 149 TER~~ 511 SW 156 Ave
CITY-ST-ZIP	PEMBROKE PINES, FL 33027

TITLE	D
NAME	CORELLI, LUCIA
STREET ADDRESS	~~820 SW 149 TER~~ 511 SW 156 Ave
CITY-ST-ZIP	PEMBROKE PINES, FL 33027

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 GRACIA CORELLI 1-28-05 954-438-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #