

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000113909

1. Entity Name  
JOSEPH M. LEWIS GROUP HOLDINGS, INC.



Principal Place of Business  
P.O. BOX 16206  
PLANTATION, FL 33318

Mailing Address  
941 FOURTH STREET  
#200  
MIAMI BEACH, FL 33139

FILED

04 FEB -2 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02022004 No Chg-P CR2E034 (10/03)

*MRS*

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1156367	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139

DO NOT WRITE  
IN THIS SPACE

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. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, SAMUEL B POST OFFICE BOX 16206 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, JOSEPH M POST OFFICE BOX 16206 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, LINDA POST OFFICE BOX 16206 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400028660654  
02/12/04--01037--023 \*\*158.75

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: *Samuel B. Lewis*, VICE PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 2, 2004 (954) 4486261  
Date Daytime Phone #