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Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90009 029 ***558.75

80125772

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028530

1. Entity Name
LE JRE CORP.

Principal Place of Business	Mailing Address
633 NE 167TH STREET 523 MIAMI, FL 33162	633 NE 167TH STREET 523 MIAMI, FL 33162

2. Principal Place of Business	3. Mailing Address
1990 NE 163rd St.	
Suite, Apt. #, etc.: suite 203	Suite, Apt. #, etc.: suite 203
City & State: Miami, FL	City & State: Miami, FL.
Zip: 33162 Country: U.S.A	Zip: 33162 Country: U.S.A

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0637113 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTAMA, JUDE R
633 NE 167TH STREET
523
MIAMI, FL 33162

7. Name and Address of New Registered Agent

Name: JUDE R ESTAMA
Street Address (P.O. Box Number Is Not Acceptable): 1990 NE 163rd St ~~#203~~
Suite 203
City: North Miami Beach FL Zip Code: 33162

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] 6/9/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P ESTAMA, JUDE R 16912 NE 4TH CT MIAMI, FL 33162	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 6/9/03 (305) 525-3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #