

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90022 004 \*\*\*150.00

**DOCUMENT # P02000068216**

1. Entity Name

LEXAN GROUP INC.



Principal Place of Business

826 TULIP CIRCLE  
WESTON FL 33327

Mailing Address

PO BOX 266223  
WESTON FL 33326

2. Principal Place of Business

8562 NW 70 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

27-0017765

Applied For

Not Applicable

Zip

33166

Country

USA.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, TERESITA  
826 TULIP CIRCLE  
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6005 EAST 51 ST.

City HIALEAH

FL

Zip Code 33013

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**  
**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

TITLE PD ☐ Delete  
NAME DIAZ, TERESITA  
STREET ADDRESS 826 TULIP CIRCLE  
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition  
NAME DIAZ, TERESITA  
STREET ADDRESS 6005 EAST 51 STREET  
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TERESITA DIAZ

2-19-04

305 5943978