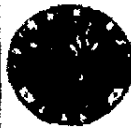


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000091396
1. Entity Name
LEMACHI DESIGNS INCORPORATED, . . .



Principal Place of Business
2200 NE 33RD AVE., #5D
FT. LAUDERDALE, FL 33305

Mailing Address
4101 CORAL TREE CENTER, #313
COCONUT CREEK, FL 33073



04082004 No Chg-P CR2E004 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3057342

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
ADELEKE, KAREN L
2200 NE 33RD AVE., #5D
FT. LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE

7. 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 Karen Adeleke DATE 4/26/04

Signature of person or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADELEKE, KAREN L 2200 NE 33RD AVE., #5D FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS 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)(f) Florida Statute. 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 Statute; 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: Karen Adeleke (KAREN L. ADELEKE) Pres. DATE 4/26/04 954 567-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR