APPROVED AND FILED

03 SEP 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500022894405
09/09/03--01109--001 **550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000091396

1. Entity Name
LEMACHI DESIGNS INCORPORATED

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	4101 Coral Tree Cir #313
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Coconut Creek, Fl
Zip / Country	Zip: 33073 Country: USA

4. FEI Number: 74-3057342 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADELEKE, KAREN L
2200 NE 33RD AVE., #5D
FT. LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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: Karen Adeleke 9/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE NOW IS: FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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	DC ADELEKE, KAREN L 900 N MIAMI AVE #E 607 MIAMI, FL 33136 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ADELEKE, KAREN L 2200 NE 33rd Ave #5D Ft. Lauderdale, Fl. 33305 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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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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: Karen Adeleke 9/8/03 954-567-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #