

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90174 013 ***150.00

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1. Entity Name
LEMONS INTERNATIONAL, CORP.

Principal Place of Business
5675 NW 109 AVE
35
DORAL, FL 33178 US

Mailing Address
5675 NW 109 AVE
35
DORAL, FL 33178 US

40049814



2. Principal Place of Business - No P.O. Box #
13235 NW 10 STREET
Suite, Apt. #, etc.
13235 NW 10 STREET
City & State
MIAMI, FL
Zip
33182
Country
DADE

3. Mailing Address
13235 NW 10 STREET
Suite, Apt. #, etc.
13235 NW 10 STREET
City & State
MIAMI, FL
Zip
33182
Country
DADE

03192007 Chg-P CR2E034 (12/06)

4. FEI Number
51-0470801
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEMONS, REGIS M
5675 NW 109 AVE
35
DORAL, FL 33178

7. Name and Address of New Registered Agent

Name
LEMONS, REGIS M
Street Address (P.O. Box Number is Not Acceptable)
13235 NW 10 STREET
City
MIAMI
FL
Zip Code
33182

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 *Marilia Morais* DATE 03-30-07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DP LEMONS, REGIS M 5675 NW 109 AVE # 35 DORAL, FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV P. DE MORAIS, MARILIA B 5675 NW 109 AVE # 35 DORAL, FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. LEMONS, REGIS M 13235 NW 10 STREET MIAMI, FL 33182	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V. LEMONS, REGIS M 13235 NW 10 STREET MIAMI, FL 33182	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X *Marilia Morais* DATE 03-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR