

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000080453

1. Entity Name  
LENZ COMPANY, INC.



Principal Place of Business  
1001 NW 106 ST  
MIAMI, FL 33150

Mailing Address  
1001 NW 106 ST  
MIAMI, FL 33150

2. Principal Place of Business

3. Mailing Address  
P. O. Box 695447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State  
MIAMI, FL

Zip

Zip  
33269-5447

Country  
USA

07092004 Chg-P CR2E034 (10/03)

4. FEI Number  
36-4540177

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOISE, MADELINE  
1001 NW 106 ST  
MIAMI, FL 33150

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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  Delete  
NAME MOISE, MADELINE  
STREET ADDRESS 1001 NW 106 ST  
CITY-ST-ZIP MIAMI, FL 33150

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  Delete  
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STREET ADDRESS  Change  Addition  
CITY-ST-ZIP  Change  Addition

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: *Madeleine Moise*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-04 305-305-4711

Date

Daytime Phone #