

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000098663

1. Entity Name
LEJESA FINISH, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 10 PM 4:08

Principal Place of Business
17995 SW 158 STREET
MIAMI, FL 33187

Mailing Address
17995 SW 158 STREET
MIAMI, FL 33187

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09052008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-0225580

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTOVENIA, JESUS F
17995 SW 158 STREET
MIAMI, FL 33187

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, SARAH S ☒ Delete
STREET ADDRESS 15715 SW 153RD AVE.
CITY- ST- ZIP MIAMI, FL 33187

TITLE VD
NAME SANTOVENIA, JESUS F ☒ Delete
STREET ADDRESS 17995 SW 158TH STREET
CITY- ST- ZIP MIAMI, FL 33187

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 PD
NAME SANTOVENIA, JESUS ☒ Change ☐ Addition
STREET ADDRESS 17995 SW 158 street
CITY- ST- ZIP MIAMI, FL 33187

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
600135962206
09/16/08--01018--002 **\$61.25

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
B 9/10/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/2008

Date

Daytime Phone #