

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90062 043 ***150.00

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03112005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000104812			
1. Entity Name LEMON TREE ENTERTAINMENT GROUP INC.			
Principal Place of Business 19390 COLLINS AVE #224 MIAMI, FL 33160		Mailing Address 19390 COLLINS AVE #224 MIAMI, FL 33160	
2. Principal Place of Business 19485 NW 76 St Suite, Apt. #, etc.		3. Mailing Address 19485 NW 76 St Suite, Apt. #, etc.	
City & State Doral FL		City & State Doral FL	
Zip 33178		Zip 33178	
Country		Country	
4. FEI Number 56-2399477		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANO, CLAUDIA 19390 COLLINS AVE #224 MIAMI, FL 33160		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees --- Trust Fund Contribution. --- <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARROYAVE, JOSE LUIS	NAME	
STREET ADDRESS	19390 COLLINS AVE #224 A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANO, CLAUDIA	NAME	
STREET ADDRESS	19390 COLLINS AVE #224 A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Jose Luis Arroyave</i>		JOSE LUIS ARROYAVE 03/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	