

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2004 8:00 am**  
**Secretary of State**

06-30-2004 90002 033 \*\*\*150.00

**DOCUMENT # P03000125813**

1. Entity Name  
**LEXICAS HIGH PERFORMANCE, INC**



Principal Place of Business  
**2322 SAINT MARTEEN CT  
KISSIMMEE, FL 34741**

Mailing Address  
**2322 SAINT MARTEEN CT  
KISSIMMEE, FL 34741**

**54059318**



2. Principal Place of Business

**114-4 SEMORAN BLVD**  
Suite, Apt. #, etc.

3. Mailing Address

**114-4 SEMORAN BLVD**  
Suite, Apt. #, etc.

06282004 Chg-P CR2E034 (10/03)

City & State

**WINTER PARK, FL**

City & State

**WINTER PARK, FL**

4. FEI Number

**35-2218714**

Applied For

Not Applicable

Zip

**32792**

Country

**ORANGE**

Zip

**32792**

Country

**ORANGE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CASTILLO, LEONELLI  
2322 SAINT MARTEEN CT  
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**114-4 SEMORAN BLVD**

City

**WINTER PARK**

FL

Zip Code

**32792**

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

**DIRECTOR (LEONELLI CASTILLO)**

**6/28/04**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CASTILLO, LEONELLI  
2322 SAINT MARTEEN CT  
KISSIMMEE, FL 34741** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CASTILLO, LEONELLI  
7601 FORT JACKSON AVE. APT 407  
ORLANDO, FL 32822** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RODRIGUEZ, TIBISAY  
7601 FORT JACKSON AVE. APT 407  
ORLANDO, FL 32822** ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LEONELLI CASTILLO  
DIRECTOR**

**6/28/04**

Date

**407-319-5537**

Daytime Phone #