


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

9/13/2005-90002-042-\$150.00-\$150.00

<b>DOCUMENT # P03000130261</b> 1. Entity Name <b>J. LEKER CARPENTRY, INC.</b>	
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Principal Place of Business <b>97 NE 68 TERR MIAMI, FL 33138</b>	Mailing Address <b>97 NE 68 TERR MIAMI, FL 33138</b>
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DO NOT WRITE IN THIS SPACE

REINSTATEMENT

07012005 / No Chg. P. / CF2E034 (10/03) OS

4. FEI Number <b>57-1191296</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LEKER, JOEL  
97 NE 68 TERR  
MIAMI, FL 33138**

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	<b>LAKER, JOEL</b>
STREET ADDRESS	<b>97 NE 68 TERR</b>
CITY - ST - ZIP	<b>MIAMI, FL 33135</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

10/18/05

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 empowerments.

SIGNATURE: Joel Laker 10/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #