2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90450 039 ***150.00

DOCUMENT # P03000143196

1. Entity Name
JULIO ERNESTO LENCINA, INC.

Principal Place of Business	Mailing Address
255 SE SPANISH TRAIL BOCA RATON, FL 33432	255 SE SPANISH TRAIL BOCA RATON, FL 33432

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
255 SE SPANISH TRAIL	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FLA	City & State
Zip: 33432 Country: USA	Zip Country

4. FEI Number 91-0771980 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LENCINA, JULIO E 255 SE SPANISH TRAIL BOCA RATON, FL 33432	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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PRESIDENT/TREASURER ☐ Change ☐ Addition
NAME	LENCINA, JULIO E	NAME	
STREET ADDRESS	255 SE SPANISH TRAIL	STREET ADDRESS	255 SE SPANISH TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	PATRICIA Z. PAYARES ☐ Delete	TITLE	VICE PRESIDENT/SECRETARY ☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS	255 S.E SPANISH TRAIL	STREET ADDRESS	255 S.E. SPANISH TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: X [signature] 4/19/04 (561) 394-2998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #