

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90192 049 ***150.00

DOCUMENT # P04000037046	
1. Entity Name LEMAC USA INC.	



Principal Place of Business 722 QUAIL KEEP DR. SAFETY HARBOR, FL 34695	Mailing Address 722 QUAIL KEEP DR. SAFETY HARBOR, FL 34695
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40066726



2. Principal Place of Business 3746 GRANTHAM CT	3. Mailing Address → SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02222006 Chg-P CR2E034 (11/05)

City & State PALM HARBOR, FL	City & State
Zip 34684	Country

4. FEI Number 20-0783784	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOLODZIEJCZYK, KRZYSZTOF 722 QUAIL KEEP DR. SAFETY HARBOR, FL 34695	
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7. Name and Address of New Registered Agent Name KRZYSZTOF KOLODZIEJCZYK Street Address (P.O. Box Number is Not Acceptable) 3746 GRANTHAM CT City PALM HARBOR FL Zip Code 34684	
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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.
REG. AGENT
SIGNATURE _____ DATE **2/22/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLODZIEJCZYK, KRZYSZTOF 722 QUAIL KEEP DR. SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3746 GRANTHAM CT. PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOLODZIEJCZYK, BEATA 722 QUAIL KEEP DR. SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3746 GRANTHAM CT. PALM HARBOR, FL 34684
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Krzysztof Kolodziejczyk* **KRZYSZTOF KOLODZIEJCZYK**
PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2/22/06** Daytime Phone # **727-622-2661**