


## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P05000093910</b> 1. Entity Name <b>450 LEJEUNE PROPERTY, INC.</b>	
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FILED  
06 JUN -9 AM 10: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3191 CORAL WAY SUITE 1008 MIAMI, FL 33145</b>	Mailing Address <b>3191 CORAL WAY SUITE 1008 MIAMI, FL 33145</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05222006 Chg-P CR2E034 (11/05)

4. FEI Number <b>71-2180509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SOSTCHIN, GUILLERMO 3191 CORAL WAY SUITE 1008 MIAMI, FL 33145</b>	7. Name and Address of New Registered Agent Name <b>Stone, David</b> Street Address (P.O. Box Number is Not Acceptable) <b>3191 Coral Way, Suite 1008</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33145</b>
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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.

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

**Amended AR is \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOSTCHIN, GUILLERMO</b> <input checked="" type="checkbox"/> Delete <b>3191 CORAL WAY SUITE 1008</b> <b>MIAMI, FL 33145</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>David Stone, Esq.</b> <b>3191 Coral Way, # 1008</b> <b>Miami, FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer &amp; Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3191 Coral Way, #1008</b> <b>Miami, FL 33145</b> <b>Henrietta Sostchin,</b>
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
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600076399116</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>06/20/06--01072--018 **61.25</b>

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 of the information required.

SIGNATURE: David E. Stone Date: 6/6/06 Daytime Phone #: 305-725-5282

DAVID E. STONE