2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: ___

Feb 20, 2007 8:00 am Secretary of State DOCUMENT # P05000093910 1. Entity Name 02-20-2007 90057 014 ***150.00 450 LEJEUNE PROPERTY, INC. Principal Place of Business Mailing Address 3191 CORAL WAY SUITE 1008 3191 CORAL WAY SUITE 1008 **MIAMI FL 33145** MIAMI FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 4/1-2180509 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STONE, DAVID 3191 CORAL WAY SUITE 1008 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** City 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TIFLE ☐ Change Addition STONE DAVID ESQ NAMI 3191 CORAL WAY SUITE 1008 STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP CITY-SI-ZIP 111LE ☐ Delete FILLE ☐ Change ☐ Addition SOSTCHIN, HENRIETTA NAME NAME 3191 CORAL WAY SUITE 1008 STREET ADDRESS STREET ADDRESS MIAMLEL 33145 CITY-ST-ZIP CHY-SI-ZIP Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP COV-ST-7P TITLE Delete TIFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P ☐ Delete TITLE THE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-S1-ZIP CITY - ST - ZIP HID TITLE ☐ Delete Change Addition намі NAME STREET ADDRESS STREET ADDRESS CITY S1-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 ampactures, with all other like propowered.

FILED

David Estone 2-8-07 7054767767