
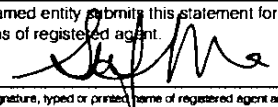
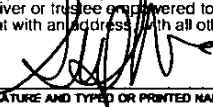


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90023 032 \*\*\*150.00

<b>DOCUMENT # P05000099828</b> 1. Entity Name <b>STEFANIE R LENEVE INC.</b>					
Principal Place of Business <b>902 CLINT MOORE ROAD SUITE 108 BOCA RATON, FL 33435</b>			Mailing Address <b>902 CLINT MOORE ROAD SUITE 108 BOCA RATON, FL 33435</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>124 Harbors Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Boynton Beach, FL</b>			
Zip	Country	Zip <b>33435</b>	Country <b>USA</b>	4. FEI Number <b>20-3194973</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHWEITZER, CHARLES E 1040 BAYVIEW DRIVE #320 FORT LAUDERDALE, FL 33304-2532</b>			7. Name and Address of New Registered Agent Name <b>Stefanie Leneve</b> Street Address (P.O. Box Number is Not Acceptable) <b>124 Harbors Way</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33435</b>		
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  DATE <b>7/25/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LENEVE, STEFANIE R 124 HARBORS WAY BOYNTON BEACH, FL 334352400</b> <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	
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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: 			Date <b>7/25/07</b> Daytime Phone # <b>954-600-5868</b>		