


FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 011 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000130463			
1. Entity Name LEHIGH INTERNATIONAL TRADERS, INC.			
Principal Place of Business 27499 RIVERVIEW CENTER BLVD 123 BONITA SPRINGS, FL 34134		Mailing Address 4412 5TH STREET WEST LEHIGH ACRES, FL 33971	
2. Principal Place of Business (Not P.O. Box #) 4412 5th Street W.		3. Mailing Address 2208 Ww 6th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lehigh acres FL		City & State Cape Coral FL	
Zip 33971	Country Lee	Zip 33993	Country Lee
4. FEI Number 20-3540322		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERAN, SCHEHEREZADE 4412 5TH STREET WEST LEHIGH ACRES, FL 33971		7. Name and Address of New Registered Agent Name Teran Scheherezade Street Address (P.O. Box Number is Not Acceptable) 2208 Ww 6th Terrace City Cape Coral FL 33993	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERAN, GUSTAVO 4412 5TH STREET WEST LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Teran Gustavo 2208 Ww 6th Terrace Cape Coral FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TERAN, SCHEHEREZADE 4412 5TH STREET WEST LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Teran Scheherezade 2208 Ww 6th Terrace Cape Coral FL 33993 <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 the employees.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 07/07/2007 239-7705409 <small>Daytime Phone #</small>	