

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131233

Entity Name: LEMUEL CARTAGE, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

9220 NW 12TH STREET
MIAIM, FL 33172

New Principal Place of Business:

2129 NW 79TH AVE
DORAL, FL 33122

Current Mailing Address:

8034 SUNPORT DR., #406 & 407
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 56-2539061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDOSO, RAPHAEL
8034 SUNPORT DR., #406 & 407
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: CARDOSO, RAPHAEL
Address: 8034 SUNPORT DR., #406 & 407
City-St-Zip: ORLANDO, FL 32809

Title: VP () Delete
Name: GRAZIOTTI, DAVID
Address: 8034 SUNPORT DR., #406 & 407
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GRAZIOTTI

VP

01/08/2008

Electronic Signature of Signing Officer or Director

Date