2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-14-2007 90080 004 ***150.00

DOCUMENT # P06000106618

1. Entity Name
LIANJEFTE DESIGNS CORP

Principal Place of Business	Mailing Address
1330 BALLYSHANNON PKWY ORLANDO, FL 32828	1330 BALLYSHANNON PKWY ORLANDO, FL 32828

04272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
714 Dryden Circle	714 Dryden Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, FL	City & State: Cocoa, FL
Zip: 32926 Country: USA	Zip: 32926 Country: USA

4. FEI Number: 20-5387575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATALAN, FRANCISCO G EA
1168 BALLYSHANNON PKWY
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name: MARIE VAZQUEZ
Street Address (P.O. Box Number is Not Acceptable): 714 Dryden Circle
City: Cocoa FL Zip Code: 32926

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 ______ 4/29/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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	P VAZQUEZ, MARIE D 1330 BALLYSHANNON PKWY ORLANDO, FL 32828	☐ Delete	VAZQUEZ, MARIE D 714 Dryden Circle Cocoa, FL 32926	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: ______ 4/29/07 (407) 947-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #