

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092094

FILED
Apr 30, 2009
Secretary of State

Entity Name: LEAN ENTERPRISE CONSULTING, INC

Current Principal Place of Business:

7617 NW 87 WAY
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 550784
FT LAUDERDALE, FL 333550784

New Mailing Address:

FEI Number: 26-3542915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGRAIT, THOMAS H
2925 NW 126 AVE
#1426
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

AGRAIT, THOMAS H
7617 NW 87 WAY
TAMARAC, FL 33321 US

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

04/30/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,SP () Delete
Name: AGRAIT, THOMAS H
Address: 2925 NW 126 AVE #1426
City-St-Zip: SUNRISE, FL 33323 US

Title: VP () Delete
Name: HERNANDEZ, MANUEL J
Address: 2213 CYPRESS ISLAND DRIVE #208
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: S () Delete
Name: GARCIA, LISSETTE
Address: 2925 NW 126 AVE #1426
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,SP (X) Change () Addition
Name: AGRAIT, THOMAS H
Address: 7617 NW 87 WAY
City-St-Zip: TAMARAC, FL 33321 US

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

Title: S (X) Change () Addition
Name: GARCIA, LISSETTE
Address: 7617 NW 87 WAY
City-St-Zip: TAMARAC, FL 33321 US

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: THOMAS H AGRAIT

Electronic Signature of Signing Officer or Director

P

04/30/2009

Date