2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM **Secretary of State DOCUMENT # P94000083308** 1. Entity Name LEMKO INC. Principal Place of Business Mailing Address 5546 CROYON COURT 5546 CROYON COURT BOCA RATON, FL 33486 BOCA RATON, FL 33486 01142005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0546078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAPPAPORT, MELBOURNE DO NOT WRITE 5546 CROYON COURT BOCA RATON, FL 33486 IN THIS SPACE 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, 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000183773 Trust Fund Contribution. Added to Fees /20/05-80003-004 150.00 10. OFFICERS AND DIRECTORS TITLE RAPPAPORT, MELBOURNE NAME STREET ADDRESS 5546 CROYON COURT CITY-ST-ZIP BOCA RATON, FL 33486 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-7IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Melbourne Rappaport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

President

1/14/05

954 474-2800

Daytime Phone #

FILED