## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000029913

## FILED Mar 20, 2006 8:00 am Secretary of State

03-20-2006 90019 042 \*\*\*150.00

| 1. Entity Name<br>LEN-TEX,   |   |  |                           |                          | }   |   |               |                            |             |
|--|---|--|---------------------------|--------------------------|---|---|---------------|----------------------------|-------------|
| Principal Place of Business 12001 NW 35TH STREET SUITE 211 CORAL SPRINGS, FL 33065 |   | Mailing Address 12001 NW 35TH STREET SUITE 211 CORAL SPRINGS, FL 33065 |                           |                          |   | DINI BIJIN KUNU UUSIN KUNI                  |               |                            | 3659        |
| 2. Principal Place of Business   |   | 3. Mailing Address   |                           |                          |   |   |               |                            |             |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |                           | 02182006                 | Chg-P                                       | CR2E0                                       | 34 (11/05)    |                            |             |
| City & State   |   | City & State   |                           | 4. FEI Number<br>65-0572 |   |   | <b>├</b> ──   | plied For<br>t Applicable  |             |
| Zip  | Country   | Zip  | Countr                    | у                        | 5. Certificate of                           | of Status Desired                           |               | \$8.75 Add<br>Fee Required |             |
|  | 6. Name and Address of Current  | Registered Agent   |                           |                          | 7. Name and                                 | Address of New Re                           | gistered A    | gent                       |             |
| 12001 NW<br>SUITE 211  | LLO, LEONARD<br>35TH STREET<br>PRINGS, FL 33065   |  |                           | Name<br>Street Address   | (P.O. Box Number                            | r is Not Acceptable)                        |               |                            |             |
|  |   |  |                           | City                     |   |   | FL            | Zip Code                   | <del></del> |
| signature  | named entity submits this statement from of registered agent.  Signature, typed or printed name of registered agent | uhulu A  | ES<br>TE: Registered      | Agent signature require  |   | n, in the State of Flor                     | ida. I am i   | familiar with,             | and accept  |
| FILI<br>After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.   |  |                           |                          | ided to Fees                                |   |               |                            |             |
| 10.  | OFFICERS AND  | DIRECTORS  | 11.                       |                          | ADDITIONS/                                  | CHANGES TO OFFIC                            | CERS AND      | DIRECTOR                   | 3 IN 11     |
| NAME STREET ADDRESS I  | PV<br>MINICHIELLO, LEONARD<br>12001 NW 35TH STREET #211<br>CORAL SPRINGS, FL 33065                                  | ☐ Delete   |                           |                          |   |   |               | ☐ Change                   | Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ST<br>MINICHIELLO, NOREEN<br>12001 NW 35TH STREET #211<br>CORAL SPRINGS, FL 33065                                   | Pelete   |                           |                          |   |   |               | ☐ Change                   | Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   |                           | T ADDRESS<br>ST-ZIP      |   |   |               | ☐ Change                   | ☐ Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   |                           | ET ADDRESS<br>ST-ZIP     |   |   |               | ☐ Change                   | Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | □ Delete   |                           |                          | <del>.</del>                                |   |               | ☐ Change                   | ☐ Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   |                           |                          |   |   |               | Change                     | ☐ Addition  |
| indicated<br>of the cor<br>changed,  |   | is true and accurate and that<br>powered to execute this repor         | my signati<br>t as requir | ure shall have the       | e same legal effect<br>07, Florida Statutes | t as if made under o<br>s; and that my name | ath; that I : | am an officer              | or director |
| SIGNAT   | URE: SIGNATURE AND TYPE OF  | PRINTED NAME OF SIGNING OFFICE   | R OR DIRECT               | \$ <u>5</u> 5            |   | 17-06<br>Date                               |               | Daytime Phone #            |             |
| l .  | STORESTONE AND TYPED OR   | CD HAME OF MORNING OFFICER   | . with Directi            |                          |   | POIL  |               | when the same a            |             |