## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # P96000079812 1. Entity Name LE JEUNE GAS & FOOD, INC. Principal Place of Business Mailing Address -4190 N.W. 135TH STREET 4190 N.W. 135TH STREET OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 CR2E034 (10/03) 04202005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0701513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEFANELLI, MICHELE CPA DO NOT WRITE 1411 COMMERCE WAY STE 310 MIAMI LAKES, FL 33016 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 Signature, typed or printed name of registered agent and lifte if applicable. (NOTE Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE D SANCHEZ, IAN NAME 18695 SW 12 STREET STREET ADDRESS CITY-\$1-ZIP PEMBROKE PINES, FL 33029 TITLE NAME SANCHEZ, MARITZA 18695 SW 12 STREET STREET ADDRESS PEMBROKE PINES, FL 33029 CITY-SY-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-ZIP 12. I hereby certify that the information supplied with this filing 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.

305-681-0417