

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000079812
1. Entity Name
LE JEUNE GAS & FOOD, INC.



Principal Place of Business
4190 N.W. 135TH STREET
OPA LOCKA, FL 33054

Mailing Address
4190 N.W. 135TH STREET
OPA LOCKA, FL 33054



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0701513

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STEFANELLI, MICHELE CPA
1411 COMMERCE WAY STE 310
MIAMI LAKES, FL 33016

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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 _____ (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | D |
| NAME | SANCHEZ, IAN |
| STREET ADDRESS | 18695 SW 12 STREET |
| CITY - ST - ZIP | PEMBROKE PINES, FL 33029 |
| TITLE | D |
| NAME | SANCHEZ, MARITZA |
| STREET ADDRESS | 18695 SW 12 STREET |
| CITY - ST - ZIP | PEMBROKE PINES, FL 33029 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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04/29/05-80074-024 150.00

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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.

SIGNATURE: *[Signature]* | 4-26-05 | 305-681-0417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #