2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000079812

1. Entity Name
LE JEUNE GAS & FOOD, INC.

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

DO NOT WRITE IN THIS SPACE

02182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0701513	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_____

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, 2008 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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/08-80024-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ IAN SANCHEZ   4-27-08   305-681-0417

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