

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P97000022253

1. Entity Name
R. LEE SOUTH INC.



Principal Place of Business
**4001 NORTH OCEAN BLVD.
#1501
BOCA RATON, FL 33431**

Mailing Address
**4001 NORTH OCEAN BLVD.
#1501
BOCA RATON, FL 33431**



04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0741455	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAZARUS, ARLIE
4001 NORTH OCEAN BLVD.
#1501
BOCA RATON, FL 33431**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

U000000901026
04/23/08-80052-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAZARUS, ARLIE
STREET ADDRESS	4001 NORTH OCEAN BLVD.#1501
CITY-ST-ZIP	BOCA RATON, FL 33431

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**DO NOT WRITE
IN THIS SPACE**

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:

ARLIE LAZARUS, PRESIDENT
Archie Lazarus, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 (261) 416-9835
Date Daytime Phone #