

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024840

Entity Name: LEMKO TRANS INC.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

3822 FRIARS COVE ROAD  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 700878  
ST. CLOUD, FL 347700878

**New Mailing Address:**

FEI Number: 59-3436696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAYOL, CLAUDIO  
3822 FRIARS COVE ROAD  
ST. CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAYOL, CLAUDIO  
Address: 3822 FRIARS COVE RD  
City-St-Zip: ST CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO MAYOL

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date