



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91027 012 ***150.00

DOCUMENT # P97000030417 1. Entity Name LE CONTE UZURI COLLECTIONS, INC.																							
Principal Place of Business 26653 SW 125TH CT MIAMI, FL 33032-7926			Mailing Address 26653 SW 125TH CT MIAMI, FL 33032-7926																				
2. Principal Place of Business 12173 NW 7TH Ave Suite, Apt. #, etc. North Miami City & State		3. Mailing Address 12173 N.W. 7TH Ave Suite, Apt. #, etc. North Miami FL City & State																					
Zip 33168 Country Dade		Zip 33168 Country Dade		4. FEI Number 65-0740425																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent LECONTE, PHYLLIS A 26653 SW 125TH CT MIAMI, FL 33032				7. Name and Address of New Registered Agent Name Phyllis A LeConte Street Address (P.O. Box Number is Not Acceptable) 12173 N.W. 7TH Ave City North Miami FL Zip Code 33168																			
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 Phyllis A. LeConte DATE 4/23/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
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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 Phyllis A. LeConte DATE 4/23/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							