


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000076779
 1. Entity Name
LEJEUNE AIRPORT PARK SUITES, INC.




1st MOORE CR2E034 (10/05)

Principal Place of Business: 6959 SUNRISE DR. CORAL GABLES FL 33133 US
 Mailing Address: 1005 SW 87TH AVE MIAMI FL 33174 US

2. Principal Place of Business: Suite, Apt #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt #, etc. City & State Zip Country

4. FEI Number: 65-0820490 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, RAFAEL
6959 SUNRISE DR
CORAL GABLES FL 33133

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution, \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	GARCIA, RAFAEL	
STREET ADDRESS	6959 SUNRISE DR.	
CITY-ST-ZIP	CORAL GABLES FL 33174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, DIGNORA	
STREET ADDRESS	6959 SUNRISE DR.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, NATHALY	
STREET ADDRESS	6959 SUNRISE DR.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	U00000529077	
CITY-ST-ZIP	05/05/06-80063-007 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rafael Garcia **RAFAEL GARCIA-PRESIDENT** 4/17/06 305-266-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #