


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000006019</b> 1. Entity Name <b>LEMUEL INVESTMENT CORPORATION</b>	
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Principal Place of Business <b>8300 NW 53 STREET SUITE # 308 MIAMI, FL 33166</b>	Mailing Address <b>8300 NW 53 STREET SUITE # 308 MIAMI, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0808902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SORIANO, ISMAEL  
8300 NW 53 STREET  
SUITE# 308  
MIAMI, FL 33166**

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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 retreating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>SORIANO, ISMAEL 8300 NW 53 STREET, SUITE#308 MIAMI, FL 33166</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>SORIANO, GISELA 8300 NW 53 STREET, SUITE #308 MIAMI, FL 33166</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/12/07-80001-024 150.00

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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: *Ismael Soriano* 7/6/07 (305) 499-3204  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*