2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 08, 2004 08:00 AM **Secretary of State DOCUMENT # P98000049524** LEN-D ENTERPRISES, INC. Principal Place of Business Mailing Address 6080 OKEECHOBEE BOULEVARD #202 6080 OKEECHOBEE BOULEVARD #202 WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 No Chg-P CR2E034 (10/03) 03022004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-2658654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DICKSTEIN, LEONARD 6080 OKEECHOBEE BOULEVARD #202 WEST PALM BEACH, FL 33417 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 Signature, typed or printed name of registered agent and rate if applicable (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE DICKSTEIN, LEONARD NAME U000000081024 6080 OKEECHOBEE BOULEVARD #202 STREET ADDRESS 03/08/04-80133-003 150.00 CITY-ST-ZIP WEST PALM BEACH, FL 33417 TITLE STREET ADDRESS CiTY-51-21P TOTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 any address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

- LEWIND DICKURIN

36/68235m

Daytime Phone #

FILED