## **2004 FOR PROFIT CORPORATION**

SIGNATURE:

## Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000054752 04-30-2004 90340 010 \*\*\*150.00 LEJEUNE STATION, INC. Principal Place of Business Mailing Address 14015091 12305 S DIXIE HWY 12305 S DIXIE HWY MIAMI, FL 33156 MIAMI, FL 33156 No Chg-P CR2E034 (10/03) 04272004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0852913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -GORMAN, LENARD H DO NOT WRITE 1320 S DIXIE HWY PENTHOUSE 1275 IN THIS SPACE CORAL GABLES, FL 33146 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE FONTECILLA, CARLOS STREET ADDRESS 12305 S DIXIE HWY CITY:-ST-ZiP MIAMI FL 33156 VP TITLE NAME BEGELMAN, CAROL 12305 S DIXIE HWY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #