

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000032286**

1. Entity Name  
**LEMER, INC.**



Principal Place of Business Mailing Address  
**12350 N.E. 7TH AVENUE 12350 N.E. 7TH AVENUE**  
**MIAMI FL 33161 MIAMI FL 33161**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0910062** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERDIE, AINSLEE R**  
**717 PONCE DE LEON BOULEVARD**  
**SUITE 215**  
**CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D SAIS, LEONARD C**  
STREET ADDRESS **12350 N.E. 7TH AVENUE**  
CITY-ST-ZIP **NORTH MIAMI FL 33160**

☐ Change ☐ Addition  
**000000265716**  
**03/17/05-80001-011 150.00**

TITLE ☐ Delete  
NAME **D SAIS, CONRAD**  
STREET ADDRESS **12350 N.E. 7TH AVENUE**  
CITY-ST-ZIP **NORTH MIAMI FL 33160**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME **D SAIS, RITA**  
STREET ADDRESS **12350 N.E. 7TH AVENUE**  
CITY-ST-ZIP **NORTH MIAMI FL 33160**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Tres.*

*3/15/05 305-893-9751*