

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90307 004 ***150.00

DOCUMENT # P99000043768 1. Entity Name LEX & ASSOCIATES, CORP.			
Principal Place of Business 1851 NW 107TH AVENUE PLANTATION, FL 33322		Mailing Address 1851 NW 107TH AVENUE PLANTATION, FL 33322	
2. Principal Place of Business 16375 NE 18th AV Suite, Apt. #, etc. 315		3. Mailing Address 16375 NE 18th AV Suite, Apt. #, etc. 315	
City & State North Miami Beach FL		City & State N. Miami Beach FL	
Zip 33162		Zip 33162	
Country FL		Country FL	
4. FEI Number 65-0900667		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOX, ANTHONY 1851 NW 107TH AVENUE PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name Anthony D. Box Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18th AV, Suite 315 City N. Miami Beach FL Zip Code 33162	
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: <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-28-04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD BOX, ANTHONY 1851 NW 107TH AVENUE PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD ANTHONY D. BOX 16375 NE 18th AV, Suite 315 NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP GACHELIN, GUILENE 9721 NW 18TH MANOR PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> ANTHONY BOX <u>4-28-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			