2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043768

Entity Name: LEX & ASSOCIATES, CORP.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

16375 NE 18TH AV 16375 NE 18TH AV

315 323

NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

16375 NE 18TH AV 16375 NE 18TH AV

NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0900667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOX, ANTHONY
16375 NE 18TH AV
16375 NE 18TH AV

SUITE 315 SUITE 323

N. MIAMI BEACH, FL 33162 US N. MIAMI BEACH, FL 33162 US

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.

SIGNATURE: 04/25/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete Name: BOX, ANTHONY D

Address: 16375 NE 18TH AV, SUITE 315
City-St-Zip: NORTH MIAMI BEACH, FL 33162

PLANTATION, FL 33322

Title: VP () Delete
Name: GACHELIN, GUILENE
Address: 9721 NW 18TH MANOR

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition

Name: BOX, ANTHONY D

Address: 16375 NE 18TH AV, SUITE 323 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY D BOX PR 04/25/2005