


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000006196 1. Entity Name LESRO INDUSTRIES, INC.	
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Principal Place of Business 55 PETERS ROAD BLOOMFIELD, CT 06002	Mailing Address 55 PETERS ROAD BLOOMFIELD, CT 06002
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-0898258	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  STEPHEN B. GREENFIELD, P.A. 7000 W. PALMETTO PK RD, #402 BOCA RATON, FL 33433	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000093439 03/22/04-80018-003 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LESHEM, ADAM 14 HAMMICK ROAD WEST HARTFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESHEM, ALICE 14 HAMMICK ROAD WEST HARTFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESHEM, ED 40 HIGHWOOD RD SIMSBURY, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LESHEM, JERRY 36 NORWOOD RD WEST HARTFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESHEM, STEVE 17603 LUNNONHAUS DRIVE GOLDEN, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE: Jerry Leshem Jerry Leshem 3/17/04 860-243-3226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #