

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110815

FILED
Apr 30, 2004
Secretary of State

Entity Name: LEGACI INTERNATIONAL GROUP CORP.

Current Principal Place of Business:

6594 SW 152 CT
MIAMI, FL 33193

New Principal Place of Business:

9118 SW 165 PLACE
MIAMI, FL 33196

Current Mailing Address:

6594 SW 152 CT
MIAMI, FL 33193

New Mailing Address:

9118 SW 165 PLACE
MIAMI, FL 33196

FEI Number: 02-0647539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEQUERICA, CHRISTOPHER
6594 SW 152 CT
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

LEQUERICA, CHRISTOPHER
9118 SW 165 PLACE
MIAMI, FL 33196 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: CHRISTOPHER LEQUERICA

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LEQUERICA, CHRISTOPHER
Address: 6594 SW 152 CT
City-St-Zip: MIAMI, FL 33193

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LEQUERICA, CHRISTOPHER
Address: 6594 SW 152 CT
City-St-Zip: MIAMI, FL 33193

Title: VPD () Change (X) Addition
Name: LEQUERICA, ZOILA A
Address: 6594 SW 152 CT
City-St-Zip: MIAMI, FL 33193

Title: TD () Change (X) Addition
Name: LEQUERICA, JUAN C
Address: 9118 SW 165 PLACE
City-St-Zip: MIAMI, FL 33196

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: CHRISTOPHER LEQUERICA

PSD

04/30/2004

Electronic Signature of Signing Officer or Director

Date