
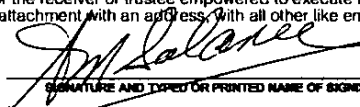


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90070 043 ***150.00

DOCUMENT # P06000095082 1. Entity Name LEO & AMY, INC.					
Principal Place of Business 3350 NE 192 ST., BLDG. B1C AVENTURA, FL 33180			Mailing Address 3350 NE 192 ST., BLDG. B1C AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="font-size: 1.5em; font-family: cursive;">86-1161724</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAME, AMELIA M. 3350 NE 192 ST., BLDG. B1C AVENTURA, FL 33180			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P SALAME, AMELIA M. 3350 NE 192 ST., BLDG. B1C AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CEBALLOS, LEONARDO F. 3350 NE 192 ST., BLDG. B1C AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <div style="float: right; text-align: right;"> <div style="font-size: 1.5em; font-family: cursive;">4-30-07</div> <div style="display: flex; justify-content: space-between; width: 100%;"> Signature and typed or printed name of signing officer or director Date Daytime Phone # </div> </div>					

ATTACHMENT 40104358
#P06000095782

Leo and Amy Inc.
3350 N.E. 192 Street
Building B. Apt. # 1C
Aventura, FL 33180

April 30, 2007

To Whom It May Concern:

Attached is the form:

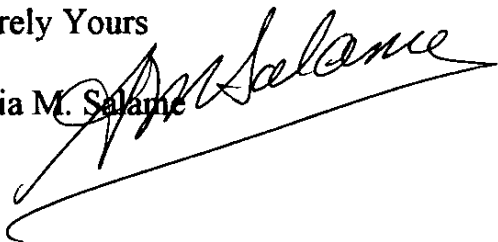
PROFIT COOPERATION ANNUAL REPORT along with a check payable to Florida Department of State for the amount of \$150.00.

I spoke to Walter today- April 30, 2007 at 1:15 p.m., and was informed that since the On Line Registration was busy we can still send the check by mail today and therefore will not be charged a late fee.

Thank you

Sincerely Yours

Amelia M. Salame

A handwritten signature in cursive script, appearing to read 'Amelia M. Salame', written over a horizontal line.