2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000082320

City-St-Zip:

CORAL GABLES, FL 33134

Entity Name: LEYTON ENTERPRISES CORPORATION

FILED Nov 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES, FL 33134 US	701 BRICKELL AVE SUITE 1650 MIAMI, FL 33131 US
Current Mailing Address:	New Mailing Address:
901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES, FL 33134 US FEI Number: 65-0482851 FEI Number Applied For () FEI Nu	701 BRICKELL AVE SUITE 1650 MIAMI, FL 33131 US mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
Name and Address of Current Registered Agent.	Name and Address of New Registered Agent.
IRIONDO, ANDRES J 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES, FL 33134 US	WOODBRIDGE, FREDERICK JR 701 BRICKELL AVE SUITE 1650 MIAMI, FL 33131 US
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: FREDERICK WOODBRIDGE JR	11/02/2007
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PD () Delete	Title: () Change () Addition

CAICEDO, ALVARO H Name: Name: 604 CRANDON BLVD., #201 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: () Delete Title: () Change () Addition CAICEDO, EDUARDO Name: Name: Address: 604 CRANDON BLVD., #201 Address: KEY BISCAYNE, FL 33149 City-St-Zip: City-St-Zip: Title: Title: AS (X) Delete () Change () Addition Name: IRIONDO, ANDRES J Name: Address: 901 PONCE DE LEON BLVD #501 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: ALVARO H CAICEDO PD 11/02/2007