

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 614971

1. Entity Name
LEROFAM CORPORATION



**FILED
Apr 26, 2004 08:00 AM
Secretary of State**

Principal Place of Business
**C/O EDWARD BERGHOLM JR
1393 SW FIRST ST., #200
MIAMI, FL 33135**

Mailing Address
**C/O EDWARD BERGHOLM JR
1393 SW FIRST ST., #200
MIAMI, FL 33135**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1888036 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERGHOLM, EDWARD, JR., ESQ.
1393 SW FIRST ST., #200
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

**000000130159
04/26/04-80108-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OREL, SERGIO
STREET ADDRESS	5750 COLLINS AVE., APT. 16-C
CITY-ST-ZIP	MIAMI, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (305) 8610653
Date Daytime Phone #