

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90181 002 ***150.00

60037049



04112006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1888036

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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, 2006 Fee will be \$550.00

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

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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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 (805) 541-7940

**ATTACHMENT****Division of Corporations****Annual Report**

Annual Report Help

Document Number

614971

Business Entity Name

LEROFAM CORPORATION

FEI Number

591888036

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

C/O EDWARD BERGHOLM JR

Suite, Apt. #, etc.

1393 SW FIRST ST., #200

City, State

MIAMI

, FL

Zip Code & Country

33135**Mailing Address**

Address

C/O EDWARD BERGHOLM JR

Suite, Apt. #, etc.

1393 SW FIRST ST., #200

City, State

MIAMI

, FL

Zip Code & Country

33135**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

BERGHOLM, EDWARD, JR., ESQ.

Address (PO Box is not acceptable)

1393 SW FIRST ST., #200

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33135

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT60037049
614971

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) OREL , SERGIO , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 5750 COLLINS AVE., APT. 16-C
City, State MIAMI , FL
Zip Code & Country 33140

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State ,
Zip Code & Country

Title

ATTACHMENT

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director60037049
614971

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

President
[Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset