2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G06183

1. Entity Name LEONACHI INCORPORATED



Principal Place of Business

Mailing Address

5963 BISCAYNE BLVD. MIAMI, FL 33137 US 5963 BISCAYNE BLVD. MIAMI, FL 33137 US FILED Feb 09, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2

CR2E034 (11/05)

4. FEI Number 59-2232368

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UJUETA, JORGE 5943 BISCAYNE BLVD. MIAMI, FL 33137

SIGNATURE:

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 | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (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 Finance Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD UJUETA, JORGE 5963 BISCAYNE BLVD. MIAMI, FL 33137 | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | 000000629962 02/19/07-80021-023 150.00 |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | , |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP | | 1. | | | |
| 12. I hereby certify that the information supplied with this filing does not qualfy 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 hat 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. | | | | | |

GNING OFFICER OR DIRECTOR