

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G49934

Entity Name: LE-AM, CORP.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

19575 BISCAYNE BLVD
STORE #1341
AVENTURA, FL 33180 US

New Principal Place of Business:

2670 NE 215TH STREET
MIAMI, FL 33180 US

Current Mailing Address:

2670 NE 215 ST.
MIAMI, FL 33180 US

New Mailing Address:

2670 NE 215TH STREET
MIAMI, FL 33180 US

FEI Number: 59-2304302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECHT, ALAN R. ESQ.
3670 NE 215TH ST
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DONNER, AMY S
Address: 2670 NE 215 ST.
City-St-Zip: AVENTURA, FL 33180

Title: VPDP () Delete
Name: DONNER, WILLIAM I.
Address: 2670 NE 215TH ST
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WILLIAM I. DONNER

VPDP

04/15/2009

Electronic Signature of Signing Officer or Director

Date