

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # G95690

1. Entity Name
L.E.C., INC.



Principal Place of Business
6020 W. 14 CT
HIALEAH, FL 33012

Mailing Address
6020 W. 14 CT
HIALEAH, FL 33012



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2402841	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

SOTO, LILIA E
6020 W 14 CT
HIALEAH, FL 33012

**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

U000000728793
05/08/07-80012-021 8.75

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000728793
05/08/07-80012-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOTO, LILIA E
STREET ADDRESS	6020 W. 14TH CT
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 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

Lilia E. Soto 4/23/07 305 826-0781

Date

Daytime Phone #