

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90016 045 \*\*\*150.00



**DOCUMENT # J23841**  
 1. Entity Name  
**LER INVESTMENT CORP.**

Principal Place of Business      Mailing Address  
**3530 S.W. 8 ST**      **P.O. BOX 140340**  
**MIAMI FL 33135**      **CORAL GABLES FL 33114**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State  
**MIAMI FL**

4. FEI Number      Applied For  
**59-2704630**      Not Applicable

Zip      Country      Zip      Country  
**33135**

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

6. Name and Address of Current Registered Agent  
**MASPONS, MARIA**  
**6510 CASTANEDA ST**  
**CORAL GABLES FL 33146**

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: *Maria Maspons*      DATE: \_\_\_\_\_  
Signature, name or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MASPONS, MARIA M	
STREET ADDRESS	6510 CASTANEDA ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIVERO, LEOPOLDO E	
STREET ADDRESS	6510 CASTANEDA ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	T	<input type="checkbox"/> Delete
NAME	MASPONS, ERIC J	
STREET ADDRESS	6510 CANTANEDA ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASPONS, MIGUEL A.	
STREET ADDRESS	6510 CASTANEDA ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Maria Maspons*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR