

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J23841

Entity Name: LER INVESTMENT CORP.

FILED  
Feb 02, 2009  
Secretary of State

## Current Principal Place of Business:

3500 SW 8 ST  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 140340  
CORAL GABLES, FL 33114

## New Mailing Address:

9901 SW 60 COURT  
MIAMI, FL 33156

FEI Number: 59-2704630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASPONS, MARIA  
6510 CASTANEDA ST  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

MASPONS, MARIA  
9901 SW 60 COURT  
MIAMI, FL 33156 US

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: MARIA MASPONS

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MASPONS, MARIA M,  
Address: 6510 CASTANEDA ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete  
Name: MASPONS, MIGUEL A.,  
Address: 6510 CASTANEDA ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: T ( ) Delete  
Name: MASPONS, ERIC  
Address: 6510 CASTANEDA ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete  
Name: MASPONS, ERIC JR  
Address: 6510 CASTANEDA ST  
City-St-Zip: CORAL GABLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MASPONS, MARIA M,  
Address: 9901 SW 60 COURT  
City-St-Zip: MIAMI, FL 33156

Title: VP (X) Change ( ) Addition  
Name: MASPONS, MIGUEL A.,  
Address: 5965 SW 100 STREET  
City-St-Zip: MIAMI, FL 33156

Title: T (X) Change ( ) Addition  
Name: MASPONS, ERIC  
Address: 9901 SW 60 COURT  
City-St-Zip: MIAMI, FL 33156

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: MARIA MASPONS

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date