## "2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 30, 2007 08:00 All Secretary of State DOCUMENT # J91218 1. 'Entity Name LEYBROS INVESTMENTS CORP. Principal Place of Business Mailing Address 6950 NW 77TH COURT 6950 NW 77TH COURT **MIAMI FL 33166 MIAMI FL 33166** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, otc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0016393 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEYVA, GIRALDO 6950 NW 77TH CT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 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 red agent and title it applicable. (NOTE: Registered Ageni signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. HILE Delete THEF ☐ Change Addition LEYVA, GIRALDO NAME NAME 6950 NW 77TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33166 U00000747949 CITY - ST - ZIP CITY - ST - ZIP VP THE Delete IIILE LEYVA, AURELIO NAME NAME 6950 NW 77TH COURT STREET ADDRESS STREET ADORESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP S INTLE Delete LITTE Change Addition LEYVA, HILDA NAME NAME 6950 NW 77TH COURT STREET ADDRESS STREET ADDRESS MIAM! FL 33166 \_ .... CITY-S1-ZIP CITY+SI-ZIP -TITLE ☐ Delete TITLE Change Addition LEYVA, GIRALDO JR NAME 6950 NW 77TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ME Detete Change Addition NAME NAME STREET ADDRESS STREE I ADDRESS CITY-SI-7IP CITY-ST-ZIP

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 eath; 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.

12. I heroby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

**FILED**