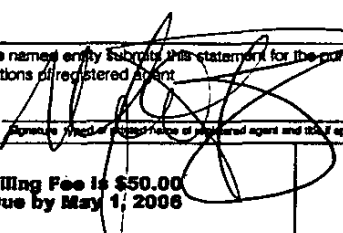
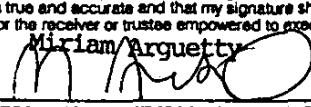


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:10

DOCUMENT # L04000013186					
1. Entity Name LEONICA LLC					
Principal Place of Business 13801 40 ST. S WELLINGTON, FL 33414			Mailing Address P.O. BOX 17350 PLANTATION, FL 33318		
2. Principal Place of Business 617 N. 21st Avenue Suite, Apt. #, etc.			3. Mailing Address 2665 S. Bayshore Drive Suite, Apt. #, etc. Suite 703		
City & State Hollywood, FL			City & State Miami, FL		
Zip 33020		Country USA		Zip 33133	
		Country USA		4. FEI Number 20-0812814	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Mitchell S. Polansky, Esq. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, #703 City Miami FL Zip Code 33133	
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 				Mitchell S. Polansky 4/25/06	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARGUETTY, MIRIAM P.O. BOX 17350 PLANTATION, FL 33318	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Arguetty, Miriam 2665 S. Bayshore Drive, #703 Miami, FL 33133	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700075220097 05/25/06--01008--008 **1061.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 				4/25/06 (954) 929-5803	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					