2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91057 028 ***150.00

DOCUMENT # M13444

1. Entity Name
LEAR INVESTORS, INC.

Principal Place of Business	Mailing Address
~~4153~~ NW 132 ST. MIAMI, FL 33054 4154	~~4153~~ NW 132 ST. MIAMI, FL 33054 4154

04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2512640
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENT SERVICES CO.
444 BRICKELL AVE
SUITE 200
MIAMI, FL

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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 _____ DATE _____
Signature, typed 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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BEKERMAN, LEON
STREET ADDRESS	20281 E.COUNTRY CLUB DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	BANDER,MICHAEL A.
STREET ADDRESS	444 BRICKELL AVE.#200
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	BEKERMAN, FRENY
STREET ADDRESS	20281 E. COUNTRY CLUB DR.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mbekerman 4-26-04 305-688-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #