2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM DOCUMENT # M43532 Secretary of State 1. Entity Name A-1 LEATHER SUPPLY CORP. Principal Place of Business Mailing Address % BERTA O. PRIETO 2141 S.W. 3RD. ST. MIAMI FL 33135 % BERTA O. PRIETO 2141 S.W. 3RD, ST. MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2750423 Not Applicable Zip Country Country Zip \$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 Name PRIETO, BERTA O. Street Address (P.O. Box Number is Not Acceptable) 2141 S.W. 3RD. ST. MIAMI FL 33135 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition Change U00000031322 NAME SUZETTE, BARRERA NAME 02/04/04-80143-022 150.00 STREET ADDRESS 111 SW 79 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARRERA, RAFAEL NAME 111 SW 79 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRIETO, BERTA O NAME STREET ADDRESS 111 SW 79 AVENUE STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-643-364

FILED