

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90309 014 ****61.25

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DOCUMENT # N03000008728					
1. Entity Name LEONETTES, INC.					
Principal Place of Business 5801 AUGUSTO STREET CORAL GABLES, FL 33146 US			Mailing Address 5801 AUGUSTO STREET CORAL GABLES, FL 33146 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04142005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 57-1188846	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPAGNA, ELENA MRS. 8610 S.W. 15 TERRACE MIAMI, FL 33144				7. Name and Address of New Registered Agent Name: <u>Isa Trujillo</u> Street Address (P.O. Box Number is Not Acceptable): <u>4233 SW 5 Terr.</u> City: <u>Miami</u> FL Zip Code: <u>33134</u>	
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: <u>Isa Trujillo</u> <small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>4-16-05</u>	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME CAMPAGNA, ELENA MRS. STREET ADDRESS 8610 S.W. 15 TERRACE CITY-ST-ZIP MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE P NAME Isa Trujillo STREET ADDRESS 4233 SW 5 Terr. CITY-ST-ZIP Miami, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SISAK, INES MRS. STREET ADDRESS 4040 S.W. 138 AVE. CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE VP NAME Avril King STREET ADDRESS 545 NE 68 St CITY-ST-ZIP Miami, FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TR NAME VELASQUEZ, PATRICIA MRS. STREET ADDRESS 8521 S.W. 72 TERRACE CITY-ST-ZIP MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE TR NAME Elena Campagna STREET ADDRESS 8610 S.W. 15 Terr. CITY-ST-ZIP Miami, FL 33144	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME RAMOS, MARLENE MS. STREET ADDRESS 8515 S.W. 20 TERRACE CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE SEC NAME Marlene Ramos STREET ADDRESS 8515 SW 20 Terr. CITY-ST-ZIP Miami, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE F NAME PERERA, ANNA MRS. STREET ADDRESS 18801 S.W. 97 AVENUE CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE F NAME ROBINSON, DENISE MS. STREET ADDRESS 9221 S.W. 136 STREET CIRCLE CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <u>Isa Trujillo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>4-16-05</u> (305) 546-3680 <small>Date Daytime Phone #</small>	