


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90370 029 \*\*\*150.00

**DOCUMENT # P00000047997**

1. Entity Name  
**LEIMAN TRIM SERVICES, INC.**



Principal Place of Business  
**6921 ENVIRON BLVD.  
SUITE #5-N  
LAUDERHILL, FL 33319**

Mailing Address  
**6921 ENVIRON BLVD.  
SUITE #5-N  
LAUDERHILL, FL 33319**

**14004372**

2. Principal Place of Business  
**3301 Spanish Moss Terr  
Apt 602  
Lauderhill, FL.  
33319 USA**

3. Mailing Address  
**3301 Spanish Moss Terr  
Apt 602  
Lauderhill, FL.  
33319 USA**



04142004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1007956**

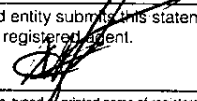
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHIONG, NGUYEN  
6921 ENVIRON BLVD.  
SUITE #5-N  
LAUDERHILL, FL 33319**

7. Name and Address of New Registered Agent  
**Chiong, Nguyen  
3301 Spanish Moss Terr Apt. 602  
Lauderhill FL 33319**

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  **4/14/04**

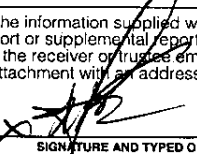
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS CHIONG, NGUYEN 6921 ENVIRON BLVD. - SUITE#5N LAUDERHILL, FL 33319</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS Chiong, Nguyen 3301 Spanish Moss Terr Apt. 602 Lauderhill, FL. 33319</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:**  **4/14/04 (786) 306-1890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #