2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000049207

1. Entity Name
LEANDRO O. LEAL, P.A.

Principal Place of Business	Mailing Address
2199 PONCE DE LEON 201 MIAMI, FL 33134	2199 PONCE DE LEON 201 MIAMI, FL 33134

2. Principal Place of Business
3191 Coral Way
Suite, Apt. # etc. *Penthouse 204*
City & State *Miami, Fl.*
Zip *33145* Country *USA*

3. Mailing Address
3191 Coral Way
Suite, Apt. # etc. *Penthouse 204*
City & State *Miami, Fl.*
Zip *33145* Country *USA*

04232004   Chg-P   CR2E034 (10/03)

4. FEI Number 65-1016072 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEAL, LEANDRO O 100 N.W. DOUGLAS RD., SUITE 500 MIAMI, FL 33125	Name *Leandro O. Leal* Street Address (P.O. Box Number is Not Acceptable) *3191 Coral Way #PH204* City *Miami* FL Zip Code *33145*

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
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 D NAME LEAL, LEANDRO O STREET ADDRESS 100 N.W. DOUGLAS RD., SUITE 500 CITY-ST-ZIP MIAMI, FL 33125	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ *Leandro O. Leal* _____ *4/23/04* *305.445.8411*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #