2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

ANNOAL ILL OIL					Secretary of State				
DOCUMENT # P00000109438 1. Entity Name LEAD SAT CORP.					04-30-2004 90216 023 ***150.00				
Principal Place of Business Mailing Address					94073753				
200 NE 2ND	DRIVE	601 BRICKELL KEY DRIVE				040	10100		
HOMESTEAD, FL 33030		SUITE 805 Miami, FL 33131		E 18011THE SII	FAIRI ARISI ARIII RAIII GAIA)	 	E 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1441 BRICKELL AVE. SUITE#1014		1014	04192004	Chg-P	CR2E034 (10/03)		
City & State		City & State MIAHI, FL			4. FEI Numbe 65-106		No	plied For t Applicable	
Zìp	Country	33131	Country			of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current R	legistered Agent	Name		7. Name and	Address of New Re	gistered Agent		
ALLEN & GALEGO				KOBERT ALLEN LAW					
	ELL KEY DRIVE	Street Address		P.O. Box Numbe	er is Not Acceptable) AVE.				
MIAMI, FL				Suite # 1014					
	\sim \sim	/ _		HAIP			FL Zinggi	31	
8. The above named entity submits this statement is 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, typed or crinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FIL After Ma	n Financing oution.		.00 May Be ed to Fees						
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11	
TITLE	D	☑ Delete	TITLE	D			Change	Addition Addition	
NAME STREET ADDRESS	MARTINEZ, JORGE 601 BRICKELL KEY DR. #805		NAME STREET ADDRESS	MAKT	INEZ JOR	GE IVE. SUITE 101	4		
CITY-ST-ZIP	MIAMI, FL 33131	,	CITY-ST-ZIP	MIAN		3131			
TITLE	PT	Delete	TITLE	PT	, , <u>J</u>		Change	Addition	
NAME	MARTINEZ, JUAN A		NAME		TIMEZ, JUA	λ' A			
STREET ADDRESS	601 BRICKELL KEY DR, #805		STREET ADDRESS	1441	BRICKELL	AME SUITE	# 1014		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	1112	Ini, FL	33131	I ✓ Change	□ Addition	
TITLE NAME	VS MARTINEZ, ADRIANA	Delete	TITLE NAME	V5	Caster 2	0	<u>Iv</u> Change	☐ Addition	
STREET ADDRESS	601 BRICKELL KEY DR, #805		STREET ADDRESS	144	TINES, AD	KIANA L AVE. SUITE	1014		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIA	Mi FL	33131			
TITLE	SS	☑ Delete	TITLE	S5			Change	☐ Addition	
NAME	ALLEN, ROBERT N JR	e	NAME	ALLE	EN, ROBE	RT N. JR.			
STREET ADDRESS CITY - ST - ZIP	601 BRICKELL KEY DR., STE 80 MIAMI, FL 33131	2	STREET ADDRESS CITY-ST-ZIP	1441		LL AVE. SUI 33131	ne 1014		
TITLE		☑ Delete	TITLE	D.1.4	ΔMI, 1 L	22121	☐ Change	Addition	
NAME			NAME				_ ,	_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	ļ					
TITLE		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
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 t	he exemption sta	ted in Se	ection 119.07(3)	i), Florida Statutes. I	further certify that the in	nformation	

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 receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if hment with an address with all other five empowered.

SIGNATURE AND TYPED OR PRINTED KAME OF SIGNING OFFICER OR DIRECTOR

Date

Date indicated on this report or supplemental report is to of the corporation or the receiver or frustre empoy changed, or on an attachment with an address with an address.

SIGNATURE: _

N- Allen, IV 4/24/04 305-372-3 300 Date Dayline Phone #