


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000114957	
1. Entry Name LESLIE CATERING INC.	

Principal Place of Business 1340 WEST 4 COURT HIALEAH, FL 33010	Mailing Address 1340 WEST 4 COURT HIALEAH, FL 33010
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04112006	Chg-P	CR2E034 (11/05)
4. FEI Number 65-1085577		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALMORA, MARGARITA 1340 WEST 4 COURT HIALEAH, FL 33010		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP ALMORA, MARGARITA 1340 WEST 4 COURT HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000529102 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/05/06-80063-016 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ALMORA, REINALDO 1340 WEST 4 COURT HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Margarita Almora* **MARGARITA ALMORA** **PRESIDENT** **4-20-06** **305-966-0575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #