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## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035688			FILED	
LESLIE, JULY & JESSY INC.			02 SEP -9 PM 2:54	
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATE TALLABASSEE, FLORDA	
2. Principal Place of Business 3 7400 NW-7 ST. Suite, Apt. #, etc.	Nailing Address  115 SW  Suite, Apt. #, etc.	57 CT.	DO NOT WRITE IN THIS SPACE	
City & State MIAMI; FL	City & State MIAMI, FL		4. FEI Number 65-1098662	Applied For Not Applicable
Zip Country 33126 US	Zip 33144	Country <b>US</b>	5, Certificate of Status Desired Fee	75 Additional Required
DO NOT WR		7. Name and Address of Current Registered Agent  Name VIVIAN RODRIGUEZ  Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE		000000	115 SW 57 CT.	
8. The above named entity/submits this statement for the purpose of changing its		City MIAMI		
SIGNATURE Signature, typed or printed name of registered agent angule if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
Tax filing requirement and elects to do so.     Amended U		ay 1 Fee is \$150.00 1, Fee is \$550.00 LUBR is \$61.25 le to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
THE POD VIVIAN RODRIGUEZ  THE TADDRESS TY-ST-ZIP  THE MANE  TREET ADDRESS TY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH		THLE NAME  STREET ADDRESS CITY ST-7IP  TITLE NAME STREET ADDRESS GITY-ST-7IP  TITLE NAME STREET ADDRESS GITY-ST-7IP  TITLE NAME STREET ADDRESS CITY-ST-7IP  TITLE NAME STREET ADDRESS CITY-ST-7IP	DO NOT WRITE  IN THIS SPACE  Section 119.07(3)(i), Florida Statutes, I further certify that the information of the control of the Large of Green or director.	
13. Thereby certify made the information supplied with this filling out the supplied state of the corporation or supplied with supplied with 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 11 or on an attachment with an address, with all other like empowered.  SIGNATURE:  9-06-02  SIGNATURE AND TYPED OR PRINTED AME OF SIGNAND OFFICER OR DRECTOR  Date  Date  Date  Description 1. Thereby of the trust of the corporation of the corporation or supplemental report is true and accurate and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.				

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## LESLIE, JULY & JESSY INC. DOC. P01000035688

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE. THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,

VIVIAN ROD**R**ĬĞ

PRESIDENT