

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90015 006 ***150.00

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02012004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000063930 1. Entity Name LERANI, INC.					
Principal Place of Business 19981 PANAMA CITY BCH PKWY PANAMA CITY BCH, FL 32401			Mailing Address P.O. BOX 9621 PANAMA CITY BCH, FL 32417		
2. Principal Place of Business 13220 P.C. Beach PKWY Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 19404 Suite, Apt. #, etc.			
City & State Panama city beach, FL Zip 32413 Country USA		City & State Panama city beach, FL Zip 32417 Country USA		4. FEI Number 59-3731564	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TEHRANI, H.T. 13109 OLEANDER DR PANAMA CITY BEACH, FL 32407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME TEHRANI, H T STREET ADDRESS 13109 OLEANDER DR CITY-ST-ZIP PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete		TITLE PS NAME H.T. TEHRANI STREET ADDRESS P.O. BOX 19404 CITY-ST-ZIP Panama city beach, FL 32417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME LEE, DEL W STREET ADDRESS 17351 FRONT BEACH RD #601 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: PS			Date 2-2-04 Daytime Phone # (850)960-0007		