

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109417

Entity Name: LEO'S CAB CORPORATION

FILED
May 31, 2005
Secretary of State

Current Principal Place of Business:

6790 NW 186TH ST., #209
MIAMI, FL 33015

New Principal Place of Business:

12629 SW 21 STREET
MIRAMAR, FL 33027

Current Mailing Address:

6790 NW 186TH ST., #209
MIAMI, FL 33015

New Mailing Address:

12629 SW 21 STREET
MIRAMAR, FL 33027

FEI Number: 01-0572629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, HERMES
6790 NW 186TH ST., #209
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

LOPEZ, HERMES
12629 SW 21 STREET
MIRAMAR, FL 33027 US

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.

SIGNATURE:

05/31/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, HERMES E
Address: 6790 NW 186TH ST., #209
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: LOPEZ, LEONOR S
Address: 6790 NW 186TH ST., #209
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, HERMES E
Address: 12629 SW 21 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: VD (X) Change () Addition
Name: LOPEZ, LEONOR S
Address: 12629 SW 21 STREET
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMES LOPEZ

PD

05/31/2005

Electronic Signature of Signing Officer or Director

Date