

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000003183

1. Entity Name
LEATHER SOLUTIONS, INC.



Principal Place of Business

16800 SW 96CT
MIAMI, FL 33157

Mailing Address

16800 SW 96CT
MIAMI, FL 33157



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0574590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLLAZO, JOAQUIN
8345 SW 68 ST
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000093542
03/22/04-80022-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COLLAZO, JOAQUIN
STREET ADDRESS	16800 SW 96 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	ST
NAME	COLLAZO, EDITH
STREET ADDRESS	8345 SW 58 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	COLLAZO, JOAQUIN G
STREET ADDRESS	8345 SW 58 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	V
NAME	COLLAZO, PEDRO
STREET ADDRESS	8345 SW 58 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

305 664525

Daytime Phone #