

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90381 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

10079714

<b>DOCUMENT # P02000066242</b>			
1. Entity Name <b>LEONARDO G. RENAUD, P.A.</b>			
Principal Place of Business 15600 NW 67TH AVE., SUITE 308 MIAMI LAKES, FL 33014		Mailing Address 15600 NW 67TH AVE., SUITE 308 MIAMI LAKES, FL 33014	
2. Principal Place of Business 8105 N.W. 155 St. MIAMI LAKES, FL City & State		3. Mailing Address 8105 N.W. 155 St. MIAMI LAKES, FL City & State	
Zip 33016 Country U.S.		Zip 33016 Country U.S.	
4. FEI Number 27-0017560		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACQUELINE R. HERNANDEZ-VALDES, P.A. 2474 SW 27TH TERR. COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 date if applicable</small>		DATE <small>(NOTE: Registered Agent signature required when registering)</small>	
			
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	D RENAUD, LEONARDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENAUD, LEONARDO	NAME	
STREET ADDRESS	15600 NW 67TH AVE., SUITE 308	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Leonardo Renaud</i>		Date: 4/15/03 (305)428-0011	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

Leonardo RENAUD

CR2E034 (10/02)