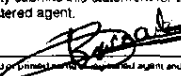
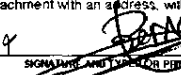


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90939 043 ***150.00

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

DOCUMENT # P02000069993			
1. Entity Name LEO'S FASHION, INC.			
Principal Place of Business 2360 W 68TH ST. #15 HIALEAH, FL 33016		Mailing Address 2360 W 68TH ST. #115 HIALEAH, FL 33015	
2. Principal Place of Business		3. Mailing Address 2360 W 68th #115	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #115	
City & State		City & State Hialeah	
Zip	Country	Zip	Country
33016		33016	USA
6. Name and Address of Current Registered Agent BERNARDO, LEONOR 2360 W 68TH ST. #115 HIALEAH, FL 33016		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		FL	
Zip Code		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:  DATE: _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D BERNARDO, LEONOR 3342 TORRE MOLINO AVE. MIAMI, FL 33178			
D DEL BURGO, CARLOS 3342 TORRE MOLINO AVE. MIAMI, FL 33178			
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: 		Date: 3/18/03 + 305 820 1424	
Signature and Title for Purposes of Signing Officer or Director		Date Daytime Phone	

CR2EC34 (10/02)