

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000095669

1. Entity Name

L & E ASSOCIATES GROUP INC.



Principal Place of Business

10271 S W 11 STREET  
MIAMI, FL 33174

Mailing Address

10271 S W 11 STREET  
MIAMI, FL 33174

FILED

07 MAY -1 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302007 No Chg-P CR2E034 (11/05) 07

DO NOT WRITE IN THIS SPACE

4. FEI Number  
74-3059943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARDO, JOSE M  
10271 S W 11 STREET  
MIAMI, FL 33174

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PARDO, JOSE M  
STREET ADDRESS 10271 S W 11 STREET  
CITY-ST-ZIP MIAMI, FL 33174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #