

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90006 007 ***158.75

DOCUMENT # P02000112971					
1. Entity Name LEAFAR CORP.					
Principal Place of Business 2781 NW 72ND AVE CORAL GABLES, FL 33134			Mailing Address 2781 NW 72ND AVE SUITE 711 CORAL GABLES, FL 33134		
2. Principal Place of Business 2718 NW 72nd Ave			3. Mailing Address 2718 NW 72nd Ave		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33122		Country USA		Zip 33122	
Country USA		4. FEI Number 46-0505088			
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LAS, RAFAEL H 2718 NW 72ND AVE MIAMI, FL 33122			7. Name and Address of New Registered Agent Name: RAFAEL H. CASAS DE LAS PENAS Street Address (P.O. Box Number is Not Acceptable): 2718 NW 72nd Ave City: Miami FL Zip Code: 33122		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAFAEL H. CASAS DE LAS PENAS 2718 NW 72ND AVE MIAMI, FL 33122		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7/26/04 (305) 591-0905					