2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000116579 1. Entity Name LEFERCHILL INTERNATIONAL CORPORATION					FILED			
					06 AUG -	·8 PN 12: 24		
Principal Place of Business 13212 SW 131ST STREET 13212 SW 131ST STREET MIAMI, FL 33186 US MIAMI, FL 33186 US					SECRÉTART OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 848 BRICKELL AV. 996/ SW 1/8 A Suite, Apt. #, etc.								
	9 <i>50</i>	City & State		08022006 4. FEI Numb	Chg-P	CR2E034 (11/05	Applied For	
Mi A	· —	MIAMI	FL.	16-163	36857	\$9.75	Not Applicable	
33/3		33/86	ÚS.	l	of Status Desired Address of New I	Fee Requ	red	
LEPPE PATRICIO					RMES G. LEON			
9637 SW 142ND COURT MIAMI, FL 33186					(P.O. Box Number is Not Acceptable)			
996				61 SW	SW 118 CT. 5 A C : FL Zp Code 126			
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 HILLOUTY' 8-7-0 (
SiGNATURE Signature, typed or brised name of registed agent and talle if applicable. (NOTE: Registered Agent agreet required when remasturing) DATE								
FILE NOWIN FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 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 Delete	11.	ADDITIONS PRES.	/CHANGES TO OF	FICERS AND DIRECTO		
NAME STREET ADORESS	FERNANDEZ, SERGIO 9637 SW 142 CT.	Assess	NAME STREET ADDRESS	ROXANA		N /	_	
CTTY-ST-ZIP	MIAMI, FL 33186	—	CITY-ST-ZIP	4961 S.u	FL 39	186 X Chang	e 🔲 Addition	
NAME	LEPPE, PATRICIO	Delete	NAME	SEC. HERMES	: 6 LE	بره المور	s D voorgen	
STREET ADDRESS CITY-ST-ZIP	13212 SW 131ST STREET MIAMI, FL 33186		STREET ADDRESS CITY-ST-ZIP	9961 SW	IIR CT.	MIAMI, F	L.33186	
TITLE NAME		☐ Delete	TITLE NAME		,	☐ Ćhang	e 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	08/	'00075 18/06010	98852 5 7 45012 **1	? 50.00	
TILE		☐ Delete	TITLE NAME			☐ Chang	e 🔲 Addition	
NAME STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TILE		☐ Delete	TITLE			Chang	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS CITY-ST-ZIP					
TITLE		☐ Detete	TITLE			☐ Chang	e Addition	
NAME Street Address City-St-Zip			NAME Street adoress City-St-Zip					
indicated	certify that the information supplied with the on this report or supplemental report is reporation or the receiver or trustee emp	s true and accurate and that m	y signature shall ha	ave the same legal effi	ect as if made unde	roath; that I am an offi	cer or director	
changed	, or on an attachment with an address,	owered to execute this report a with all other like empowered.	is required by Cha	pier 607, Florida Siatu	ics, and that my ha	THE appears in DIOOK IN		