2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

DOCUMENT # P02000116579 1. Entity Name LEFERCHILL INTERNATIONAL CORPORATION							90010 038 ***15	50.00
Principal Place	e of Business	Mailing Address	I		400267	737		
848 BRICKEL		9961 SW 118 CT.			4000			
#950	LE MVE.	MIAMI, FL 33186						
MIAMI, FL 33	3131 US			:	≛ saidamen mu	:		IN RI (I J AC I
Principal Place of Business - No P.O. Box # 3. Mailing Address								
1460 N.W. 107 AV.								
SUITE "O"					02142008	Chg-P	CR2E034 (12/06)	
DORAL, FL.		,	City & State		4, FEI Number 16-1636		No	plied For t Applicable
3317	2 Country U.S.A	Zip	Country	ý	5. Certificate o	of Status Desired	See Require	
	6. Name and Address of Current F	Registered Agent		Name	7. Name and A	Address of New R	egistered Agent	
LEON, HERMES G				Name .				
9961 SW 118 CT. MIAMI, FL 33186				Street Address (P.O. Box Number is Not Acceptable)				
IVIIAIVII, I E 33190								
				City			FL Zip Code	Э
8. The above named entity submits this statement for the purpose of changing its registered off					ed agent, or both	, in the State of Flo	rida. I am familiar with,	and accept
the obligati	ions of registered agent.					_	1 -1 - 2	
SIGNATURE_	Signature, typed or printed name of registered poent a	nd title if applicable. (NOTE:	Registered A	Agent signature required	when reinstating)	2,	DATE DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					00 May Be ed to Fees			-
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	
		JINECTORS						S IN 11
TITLE	Р	Delete Delete	TITLE				☐ Change	Addition
TITLE NAME	LEON, ROXANA		NAME					
TITLE NAME STREET ADDRESS	LEON, ROXANA 9961 S.W. 118 CT.		NAME STREET	ADDRESS				
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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 trustate 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08

(786) 326 - 1862