

Jul 12 04 11:06a

FILED
Jul 28, 2004 8:00 am
Secretary of State

05-03-2004 91070 015 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000031576 1. Entry Name LEBOS INC.			
Principal Place of Business 30122 ST RD 54 WESLEY CHAPEL FL 33544 US		Mailing Address 28751 THOMASVILLE PL WESLEY CHAPEL FL 33544 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 61-1447089		Applied For ☐ Not Applicable	
5. Certificates of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOBEL JANET 28751 THOMASVILLE PL WESLEY CHAPEL, FL 33544		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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 this if applicable) (NOTE: Registered Agent signature required when releasing)			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE President NAME David Sobel STREET ADDRESS 28751 Thomasville Pl CITY-ST-ZIP Wesley Chapel FL 33544	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.			
SIGNATURE: <u><i>David Sobel</i></u> 7-22-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

00430701



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