


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90116 027 ***150.00

DOCUMENT # P0300064168

1. Entity Name
LEGACY ASSET HOLDERS INC.



Principal Place of Business Mailing Address

520 BRICKELL KEY DR STE 0-305 **520 BRICKELL KEY DR STE 0-305**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address

3191 CORAL WAY **3191 CORAL WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
624 **624**

City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Country Zip Country

33145 **USA** **33145** **USA**



03172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DR STE 0-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **PAULO MELO**
 Street Address (P.O. Box Number is Not Acceptable)
3191 CORAL WAY # 624
 City **MIAMI** FL Zip Code **33145**

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]* DATE **3/17/06**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE MELO, MARCILIO T	NAME	MELO, PAULO
STREET ADDRESS	520 BRICKELL KEY DR STE 0-305	STREET ADDRESS	3191 CORAL WAY #624
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MELO, JEANNE O	NAME	
STREET ADDRESS	520 BRICKELL KEY DR STE 0-305	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* DATE: **3/17/06** Daytime Phone #: **305 567 1163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR