


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90032 007 ***150.00

DOCUMENT # P03000064168

1. Entity Name
LEGACY ASSET HOLDERS INC.



Principal Place of Business
~~3191 CORAL WY~~
~~# 624~~
MIAMI, FL 33145

Mailing Address
3191 CORAL WY
624
MIAMI, FL 33145

2. Principal Place of Business - No P.O. Box #
2828 CORAL WAY

Suite, Apt. #, etc.
308

City & State
MIAMI, FL

3. Mailing Address
2828 CORAL WAY

Suite, Apt. #, etc.
308

City & State
MIAMI, FL

4. FEI Number
20-1067834

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

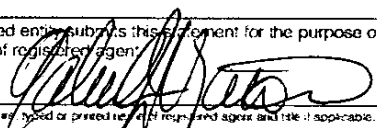


01312008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
MELO, PAULA
~~3191 CORAL WY, # 624~~
~~MIAMI, FL 33145~~

7. Name and Address of New Registered Agent
 Name
PAULO MELO
 Street Address (P.O. Box Number is Not Applicable)
2828 CORAL WAY
SUITE # 308
 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:  DATE: **02/11/08**

Signature typed or printed in full of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D MELO, MARCILIO T 3191 CORAL WAY, 624 CORAL GABLES, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELO, MARCILIO T. 2828 CORAL WAY # 308 MIAMI, FL, 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELO, PAULO 3191 CORAL WY, # 624 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELO, PAULO 2828 CORAL WAY # 308 MIAMI, FL, 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 prepare 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, without other authority empowered.

SIGNATURE:  DATE: **02/11/08** (305) 567-1163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #