

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000067209

1. Entity Name
LEONAGGEO BENEFITS, INC.



Principal Place of Business

1 EAST CHESTERFIELD DRIVE
BOYNTON BEACH, FL 33426

Mailing Address

1 EAST CHESTERFIELD DRIVE
BOYNTON BEACH, FL 33426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEJ Number

605-1193546 Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONAGGEO, PATRICIA
1 EAST CHESTERFIELD DRIVE
BOYNTON BEACH, FL 33426

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LEONAGGEO, PATRICIA
STREET ADDRESS 1 EAST CHESTERFIELD DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

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)(i), 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

Patricia Leonaggo PATRICIA Leonaggo 7/14/04 5614344558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

#P03000067209

Leonaggeo Benefits, Inc.

1 East Chesterfield Dr.
Boynton Beach FL 33428-7608

66431495

July 11, 2004

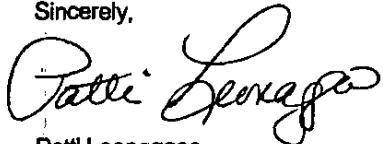
Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee FL 32314-6198

Dear Sir or Madam:

I am asking for an abatement of the late filing penalty. I was not aware of the filing requirements and did not receive the first notice to file by May 1st. Since opening the corporation, I have been having trouble receiving mail. Apparently, there is an address 1 West Chesterfield Dr and the post office on occasion has delivered their mail to me which leads me to believe that my mail gets delivered to their address as well. Now that I am aware of the Annual Report, I will make sure it is timely filed.

I have enclosed the Annual Report with the \$150 filing fee in hopes that I will hear favorably from you. Thank you for your consideration on this matter.

Sincerely,



Patti Leonaggeo
President