


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90035 011 \*\*\*150.00

<b>DOCUMENT # P03000069450</b>		
1. Entity Name <b>LEIVA INVESTMENTS &amp; CONSTRUCTION INC.</b>		

Principal Place of Business <b>15323 NW 90 AVE MIAMI, FL 33018</b>	Mailing Address <b>15323 NW 90 AVE MIAMI, FL 33018</b>
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**24008641**

2. Principal Place of Business <b>2202 SW 26 ST</b>	3. Mailing Address <b>2202 SW 26 ST</b>
Suite, Apt. #, etc. -	Suite, Apt. #, etc. -



02032004 Chg-P CR2E034 (10/03)

City & State <b>Cape Coral, FL</b>	City & State <b>Cape Coral, FL</b>	4. FEI Number <b>68-0556689</b>	Applied For <input type="checkbox"/>
Zip <b>33914</b>	Country <b>USA</b>	Zip <b>33914</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>JACOBO, LUIS F 6230 WEST 21 CT HIALEAH, FL 33016</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LEIVA, CLAUDIO T 15323 NW 90 AVE MIAMI, FL 33018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BORGES, MAYRA E 15323 NW 90 AVE MIAMI, FL 33018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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 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 like empowered.

**SIGNATURE:** Claudio T. Leiva  **2-3-2004 (239) 825-2239**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #