


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000085047 1. Entity Name LEFIA & JAZMIN, CORP.	
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Principal Place of Business 2022 NW 21 AVE MIAMI, FL 33142	Mailing Address 2022 NW 21 AVE MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0131988	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MUENTES, VICTOR R 825 BRICKELL BAY DR #1041 MIAMI, FL 33131
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DO NOT WRITE  
IN THIS SPACE

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</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUENTES, VICTOR R 825 BRICKELL BAY DR #1041 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, SANTOS A 4685 NW 9 ST #109 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTILLO, RAUL A 14712 SW 63 LN MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

UN00000311653  
04/18/05-80046-021 150.00

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:** Santos Castillo 4/15/05 (205) 649-7128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DIRECTOR Date Daytime Phone #