## 2005 FOR PROFIT CORPORATION

**FILED** Iul 11. 2005 08:00 AM

ANNUAL REPORT					Jul 11, 2005 06.00 A		
DOCUMENT # P03000088759					Sec	cretary of State	
LEO IMPORT AND EXPORT ENTERPRISES, INC.							
905 NE 146TH STREET		Mailing Address 905 NE 146TH STREET MIAMI, FL 33161					
DO NOT WRITE IN THIS SPACE				07062005	No Chg-P	CR2E034 (10/03)	
			CE	4. FEI Numb		Applied For Not Applicable	
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			The state of the s		
CARBONE, ANTHONY ESQ 542 NW 12TH AVENUE MIAMI, FL 33136			· · -		NOT WI	_	
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, typod or printed name of registered agent and the if applicable  (NOTE: This state of Agent signature required when reinstating)  [INOTE: This state of Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign F Trust Fund Contribut				.00 May Be led to Fees	In accordance w corporation did r	ith s. 607.193(2)(b), F.S., the not receive the prior notice.	
10.	OFFICERS AND D	RECTORS				Ann a	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEO, FREDERICK 905 NE 146TH STREET MIAMI, FL 33161	Ξ.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEO, ANTERILIA 874 S.W. 10TH AVE DRIVE, APT POMPANO BEACH, FL 33060	107	F LL_2., 2.20.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_					
Tm s							

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 of 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_