


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90128 030 \*\*\*150.00

DOCUMENT # P03000112336  
 1. Entity Name  
 LERIOS, INC.



Principal Place of Business      Mailing Address  
 7445 SW 34 TERRACE      7445 SW 34 TERRACE  
 MIAMI, FL 33155      MIAMI, FL 33155

**24045571**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01122004      Chg-P      CR2E034 (10/03)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
 20-0341326      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WILTZ, ULISES R  
 7445 SW 34 TERRACE  
 MIAMI, FL 33155

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VARELA, EVARISTO	
STREET ADDRESS	7445 SW 34 TERRACE	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIA DEL C	
STREET ADDRESS	7445 SW 34 TERRACE	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILTZ, ULISES R	
STREET ADDRESS	7445 SW 34 TERRACE	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 supplied thereon 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 thereof, or I am duly 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 thereto, with all other like empowered.

SIGNATURE:       Date: 4/1/04      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR