2005 FOR PROFIT CORPORATION

SIGNATURE: 3

May 09, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000152890** 05-09-2005 90280 030 ***150.00 1. Entity Name LEON & SARDINAS CORP. Principal Place of Business Mailing Address 890 SW 87 AVE 890 SW 87 AVE 14017071 MIAM!, FL 33174 MIAMI, FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-P CR2E034 (10/03) City & State City & State 4. EEI Number Applied For 76-0747374 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SARDINAS, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 8450 SW 12TH ST MIAMI, FL 33174-3314 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE X Delete TITLE Change Addition LEON, MICHEL NAME STREET ADDRESS 4135 SW 103 AVE STREET ADDRESS MIAMI, FL 33165 CRY-ST-7IP CITY-ST-7IP PRESIDENT/DIRECTOR TITLE Addition TITLE xte SARDINAS, FERNANDO NAME SECRETARY (TREASUREAL 8450 SW 12TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dolete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

FERNANDO SARDINAS 4/22/05 Dayrine Phone #

FILED