## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # P04000010814  1. Entity Name LEYVA FLOORING CORP.									04-11-2005	90178 01	5 ***150.0	00
Principal Place of Business			Ma	Mailing Address								
2016 SW 25TH TER				2016 SW 25TH TER							-	f ,
MIAMI, FL 33313				MIAMI, FL 33313						E 0 0	45000	
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2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04072005	Chg-P	CR2E	034 (10/03)	
City & State				City & State				4, FEI Number 20 - 0	6156.	21	<del> </del>	plied For LApplicable
Zip		Country		Zip	Coun	ntry	:		f Status Desired		\$8.75 Add Fee Required	
	6. Name a	and Address of	Current Regis	tered Agent		-	*. *	7. Name and	ddress of New	Registered	Agent	
			•			Name						
LEYVA, JEFERSON M 2016 SW 25TH TER						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33313												
•						City				FI	Zip Code	<del></del>
	named entity		ement for the p	ourpose of changing its	s register	ed office or	register	ed agent, or both	, in the State of	Florida. Lan	n familiar with,	and accept
ine.congar		rea again.										
SIGNATURE_	Signature, typed o	r printed dame of sugist	ered agent and title	if applicable. (NO	TE: Registeru	ed Agent signatu	re required	when reinstating)		DATE		<del></del>
FIL After Ma	E NOW!!! ay 1, 2005	FEE IS \$150 Fee will be	.00 \$550.00	9. Election Campa Trust Fund Con			<b>\$5.</b> Add	.00 May Be ed to Fees				
10.		OFFICE	RS AND DIREC	CTORS	11.			ADDITIONS/0	HANGES TO O	FFICERS AN	ID DIRECTORS	IN 11
TITLE	PD			☐ Delete TITL							☐ Change	Addition
NAME	LEYVA, JEFERSON				NAME							
STREET ADDRESS	TREET ADDRESS 2016 SW 25TH TER			STA			1					
CITY-ST-ZIP MIAMI, FL 33133				CI								
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12. I hereby certify that the information supplied with this filing does not gratify 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 rectiver 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #