

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000010814

1. Entity Name
LEYVA FLOORING CORP.



Principal Place of Business
2016 SW 25TH TER
MIAMI, FL 33131

Mailing Address
2016 SW 25TH TER
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

**FILED
May 03, 2006 08:00 AM
Secretary of State**



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0615621	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEYVA, JEFERSON M
2016 SW 25TH TER
MIAMI, FL 33131

**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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

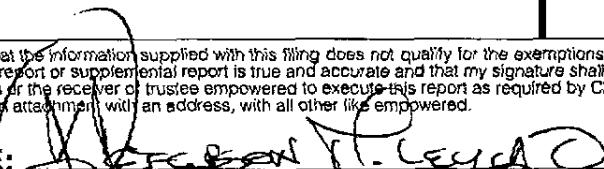
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEYVA, JEFERSON 2016 SW 25TH TER MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000560509
05/18/06-80042-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

36/06

Date

Daytime Phone #