
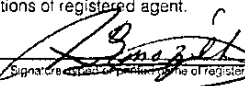
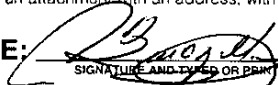


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90130 004 ***150.00

DOCUMENT # P04000019846 1. Entity Name LEROY CORP.					
Principal Place of Business 400 LESLIE DRIVE #802 HALLANDALE, FL 33009			Mailing Address 400 LESLIE DRIVE #802 HALLANDALE, FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 790 Suite, Apt. #, etc.			
City & State		City & State Hallandale FL			
Zip 33008	Country US	4. FEI Number 20-0751727		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Jacobo Benozillo Street Address (P.O. Box Number is Not Acceptable) 2742 Biscayne Blvd. City Miami		
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:  Jacobo Benozillo PD		
(NOTE: Registered Agent signature required when reinstating)			DATE: 3-18-05		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME BENOZILLO, JACOBO		<input type="checkbox"/> Delete		
STREET ADDRESS 400 LESLIE DRIVE #802	CITY-ST-ZIP HALLANDALE, FL 33009		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME DE BENOZILLO, LEONOR M		<input type="checkbox"/> Delete		
STREET ADDRESS 400 LESLIE DRIVE #802	CITY-ST-ZIP HALLANDALE, FL 33009		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Jacobo Benozillo		3-18-05	954.456-1497
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50029997



03182005 Chg-P CR2E034 (10/03)