

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000019846	
1. Entity Name LEROY CORP.	

Principal Place of Business 400 LESLIE DRIVE #802 HALLANDALE, FL 33009	Mailing Address P.O. BOX 790 HALLANDALE, FL 33008
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0751727	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENOZILLO, JACOBO 2742 BISCAYNE BLVD. MIAMI, FL 33137

**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 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**

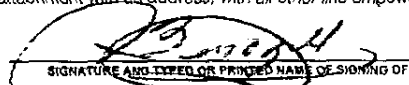
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO BENOZILLO, JACOBO 400 LESLIE DRIVE #802 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DE BENOZILLO, LEONOR M 400 LESLIE DRIVE #802 HALLANDALE, FL 33009
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04/13/06-80049-016 150.00

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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 Date Daytime Phone #