

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90015 027 ***150.00

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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**

2. Principal Place of Business - No P.O. Box #
2742 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33137

Country
US

Zip

Country

02132008

Chg-P

CR2E034 (12/08)

4. FEI Number

20-0751727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENOZILLO, JACOBO
2742 BISCAYNE BLVD.
MIAMI, FL 33137**

Name
ISAAC MATZ PA

Street Address (P.O. Box Number is Not Acceptable)
2742 BISCAYNE BLVD

City
MIAMI

FL

Zip Code
33137

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 **JAY BORSKY**

2-13-08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BENOZILLO, JACOBO**
STREET ADDRESS **400 LESLIE DRIVE #802**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **SD** ☐ Delete
NAME **DE BENOZILLO, LEONOR M**
STREET ADDRESS **400 LESLIE DRIVE #802**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **BENOZILLO, JACOBO**
STREET ADDRESS **2742 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **SD** ☒ Change ☐ Addition
NAME **DE BENOZILLO, LEONOR M**
STREET ADDRESS **2742 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

JACOBO BENOZILLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-08

Date

305-573-6640

Daytime Phone #