2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139161

Entity Name: LEPIZ CORP

FILED Aug 31, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2333 BRICKELL AVE APT 704 1200 BRICKELL BAY DR. MIAMI, FL 33129

1924

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

2333 BRICKELL AVE APT 704 1200 BRICKELL BAY DR.

MIAMI, FL 33129 1924

MIAMI, FL 33131

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PENA, RUBEN D PENA, RUBEN D 2333 BRICKELL AVE APT 704 1200 BRICKELL BAY DR. MIAMI, FL 33129 1924

MIAMI, FL 33130 US

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.

SIGNATURE: RUBEN D PENA 08/31/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete PENA, RUBEN D Name:

2333 BRICKELL AVE APT 704 Address:

City-St-Zip: MIAMI, FL 33129

Title: VD () Delete

Name: PENA. LUIS E

2333 BRICKELL AVE APT 704 Address:

MIAMI, FL 33129 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title:

PENA, RUBEN D Name:

Address: 1200 BRICKELL BAY DR. APT.1924

City-St-Zip: MIAMI, FL 33131

Title: VD (X) Change () Addition

PENA, LUIS E Name:

Address: 1200 BRICKELL BAY DR. APT.1924

MIAMI, FL 33131 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN D PENA PD 08/31/2005