[^] 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __<

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P04000145308 1. Entity Name LEO MAR CORP.								04-27-2005 90304 042 ***150.00						
Principal Place			i		300	, , , , , ,								
Principal Place of Business 1037 NW 30TH STREET MIAMI, FL 33127				Mailing Address 1037 NW 30TH STREET MIAMI, FL 33127				1 MM #31 # M 1 31	r sent alb	ir danı samı dalı	a albia Br u ga		rikki it iski	
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02082005	С	hg-P	CR2E	034 (10/03)		
City & State				City & State				4. FEI Numb	er /9/	6756			plied For t Applicable	
Zip	p Country			Zip Coun			5. Certificate of Status Desired S8.75 Additional Fee Required							
	6. Name	and Address o	f Current Regis	tered Agent				7. Name and	d Addre	ss of New Re	egistered	Agent		
NUNEZ, FLAVIO A							Name							
1037 NW 30TH STREET MIAMI, FL 33127							Street Address (P.O. Box Number is Not Acceptable)							
						City					Fl	Zip Code	e	
The above named entity submits this statement for the purpose of changing its register.							register	ed agent or be	oth in th	a State of Flo		familiar with	and accent	
	tions of regis		atement for the p	dipose of changing its	register	ea onice or a	egister	agent, or oc	, II . II .	e state of 1 to	ilua. i aii	ricarinical within	and accept	
SIGNATURE Signature typed of printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) OATE												— <i>'</i>		
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be														
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution								ed to Fees						
10.	LDD	OFFIC	ERS AND DIREC					ADDITIONS	/CHAN	GES TO OFFI	ICERS AN	D DIRECTOR:		
TITLE ,	PD NUNEZ I	FLAVIO A				E AE						☐ Change	☐ Addition	
STREET ADDRESS	NUNEZ, FLAVIO A SS 1037 NW 30TH STREET			STR										
CITY-ST-ZIP	MIAMI, FL 33127			CII		(-SI-ZIP	_							
TITLE				☐ Delete	TITE		\overline{x}	S		HED.	11000	Change	Addition	
NAME	ľ				NAM	AE Eet address	MF	RTA	34	64	- W			
STREET ADDRESS CITY-ST-ZIP							103 184	AMI	74.	333	127			
TITLE				☐ Delete	rift	.E	<u> </u>					☐ Change	☐ Addition	
NAME					NAN	AE								
STREET ADDRESS	l					EET ADDRESS							ı	
CITY-ST-ZIP				По	-	Y-ST-ZIP						☐ Change	☐ Addition	
TITLE				☐ Delete	TIT	- 1						LT change	☐ ASOUTO!!	
STREET ADDRESS					SIE	EET ADDRESS								
CITY-ST-ZIP		_			CIT	Y+ST-ZIP								
TITLE				☐ Delete	ITET VAN	I						Change	☐ Addition	
NAME STREET ADDRESS						EET ADDRESS								
City-ST-ZIP					CIT	Y-ST-ZIP								
TITLE	1			☐ Delete	THI	LE						☐ Change	☐ Addition	
NAME					NAM	1								
STREET ADDRESS CITY-ST-ZIP	1					HEET ADORESS Y-ST-ZIP								
40 45 25 25 25	certify that the	ne information si	upplied with this t	iting does not qualify fo	or the ev	emption state	ed in Se	ection 119.07(3)(i), Flor	ida Statutes.	I further c	ertify that the i	nformation	
indicated	d on this repo	12. I hereby certify that the information supplied with this fitting 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.												