2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P05000134195

Entity Name: LEONORA REPAIRS SERVICES, CORP

Current Principal Place of Business:

295 WEST 27 ST
HIALEAH, FL 33012

New Principal Place of Business:

6617 SW 10 ST
5
MIAMI, FL 33144 US

Current Mailing Address:

295 WEST 27 ST
HIALEAH, FL

New Mailing Address:

6617 SW 10 ST
5
MIAMI, FL 33144 US

FEI Number: 20-3567785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALDES, NORA E
6617 SW 10 ST #5
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VALDES, NORA E
Address: 6617 SW 10 ST
City-St-Zip: MIAMI, FL 33144

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VALDES, NORA E
Address: 6617 SW 10 ST # 5
City-St-Zip: MIAMI, FL 33144 US

Title: VP ( ) Change (X) Addition
Name: CHIRINO, ROBINSON J
Address: 6617 SW 10 ST # 5
City-St-Zip: MIAMI, FL 33144 US

Title: VP ( ) Change (X) Addition
Name: BARRERA, LEONEL
Address: 6617 SW 10 ST # 5
City-St-Zip: MIAMI, FL 33144 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NORA VALDES P 04/27/2006

Electronic Signature of Signing Officer or Director — Date