2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # P06000044806 1. Entity Name LEONOR COREA PA			(a)			04-13-2007	90160 033 ***1	
Principal Plac	e of Business	Mailing Address			-			
8913 NW 145 ST MIAMI LAKES, FL 33018		8913 NW 145 ST MIAMI LAKES, FL 33018						
					1 15 11 10 11 11 11 11		BENN CORN BIOEN COM BENE	JIMARGE II IGAN
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012007	Chg-P	CR2E034 (12/06	}	
City & State		City & State		4. FEI Number	459151	5	pplied For lot Applicable	
Zip	Country	Zip	Country		5. Certificate of		S8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Re	gistered Agent	
COREA, LEONOR 8913 NW 145 ST MIAMI LAKES, FL 33018				Street Address (P.O. Box Number is Not Acceptable)				
	₹.				_			
				City			FL Zip Co	
' 8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered o	office or registere	ed agent, or both,	in the State of Flor	ida. I am tamiliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	gent signature required	when reinstating)		OATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contr		++	00 May Be ad to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFIC	CERS AND DIRECTO	3S IN 11
TITLE NAME	P COREA, LEONOR	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	8913 NW 145 ST		STREET A	UDDRESS				ŀ
CITY-ST-ZIP	MIAMI LAKES, FL 33018		CITY-ST-					
TITLE		Delete	TITLE				☐ Change	Addition
NAME ATTREET APPRESSO			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET A					
			CITY-ST-	DDRESS - ZIP				
TITLE		☐ Delete	CITY-ST-				☐ Change	Addition
NAME		☐ Deleta	CITY-ST- TITLE NAME	- ZIP			☐ Change	Addition
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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 frequeiver or trustee empowered to execute this report as required by Chapter 607, Rorida 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

03/01/07

305-1100-12

Daytime Phone #