


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000057295		
1. Entity Name LESLEY'S CAFE, INC.		

Principal Place of Business 14707 SW 42ND STREET BAY #406 MIAMI, FL 33185	Mailing Address 14707 SW 42ND STREET BAY #406 MIAMI, FL 33185
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 SEP -7 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08282007 Chg-P CR2E034 (12/06)

4. FEI Number 87-0768187	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARGUEZ, ANDY 14711 SW 42ND STREET BAY #205 MIAMI, FL 33185		7. Name and Address of New Registered Agent Name: <u>Antonio J. Soto III Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>8500 W. RAYLOR ST</u> <u>Suite A-105</u> City: <u>MIAMI</u> FL Zip Code: <u>33144</u>	
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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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <u>8/28/07</u>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARGUEZ, ANDY 14707 SW 42 ST B-406 MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORAIMA DELGADO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President 20516 SW LEEWARD LANE MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARGUEZ, FAUSTINO 14707 SW 42 ST B-406 MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RULANDO DELGADO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP & SECRETARY 20516 SW LEEWARD LANE MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000109593510 09/18/07--01065--008 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>8/28/07</u> <small>Daytime Phone #</small>
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