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Secretary of State
05-02-2008 90160 029 ***150.00

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000126548

1. Entity Name
LEONARDO WIRE LATHE, INC

66014100

04302008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
508 OCEAN MIST RUSKIN, FL 33570	508 OCEAN MIST RUSKIN, FL 33570

	2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Street			508 Ocean Mist	
Suite, Apt. #, etc.				
City & State			Ruskin Fl	
Zip / Country			33570	Hillsborough

4. FEI Number: 26-1482066 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRERA-BARRIOS, LEONARDO
508 OCEAN MIST
RUSKIN, FL 33570

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BARRERA-BARRIOS, LEONARDO	
STREET ADDRESS	508 OCEAN MIST	
CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Leonardo [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #