

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000000511

1. Entity Name
LEA NAIF FINANCE CO.



Principal Place of Business
10691 N. KENDALL DRIVE
SUITE 304
MIAMI, FL 33176

Mailing Address
10691 N. KENDALL DRIVE
SUITE 304
MIAMI, FL 33176

FILED
Apr 08, 2004 08:00 AM
Secretary of State



04022004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0378994

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COWART, LON N
10691 N. KENDALL DRIVE, SUITE 304
MIAMI, FL 33176

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IN THIS SPACE**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
COWART, LON
10691 N KENDALL DR SUITE 304
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
DOMINGUEZ, VICENTE
10691 N KENDALL DR SUITE 304
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000107074
04/08/04-80043-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 305 598-5161