


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000021640	
1. Entity Name LEZA AIRCAM CORP.	

Principal Place of Business 1 LEZA DRIVE SEBRING, FL 33870 US	Mailing Address 1 LEZA DRIVE SEBRING, FL 33870 US
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0481114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEZA, ANTONIO 1 LEZA DRIVE SEBRING, FL 33870
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

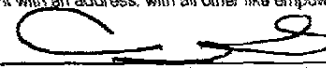
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEZA, ANTONIO 1 LEZA DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEZA, MARIA ELENA 1 LEZA DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/21/04-80008-014 150.00

**DO NOT WRITE  
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)(f), 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:**

 **Antonio Leza** January 15 - 2004 (863) 655-4542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #