


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000021640		
<small>1. Entity Name</small> LEZA AIRCAM CORP.		
<small>Principal Place of Business</small> 1 LEZA DRIVE SEBRING, FL 33870 US		<small>Mailing Address</small> 1 LEZA DRIVE SEBRING, FL 33870 US
DO NOT WRITE IN THIS SPACE		
<small>6. Name and Address of Current Registered Agent</small> LEZA, ANTONIO 1 LEZA DRIVE SEBRING, FL 33870		DO NOT WRITE IN THIS SPACE
<small>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.</small>		
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when reinstalling)</small> <small>DATE</small> _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
<small>TITLE</small>	PD	DO NOT WRITE IN THIS SPACE
<small>NAME</small>	LEZA, ANTONIO	
<small>STREET ADDRESS</small>	1 LEZA DRIVE	
<small>CITY - ST - ZIP</small>	SEBRING, FL 33870	
<small>TITLE</small>	VSTD	
<small>NAME</small>	LEZA, MARIA ELENA	
<small>STREET ADDRESS</small>	1 LEZA DRIVE	DO NOT WRITE IN THIS SPACE
<small>CITY - ST - ZIP</small>	SEBRING, FL 33870	
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
<small>TITLE</small>		DO NOT WRITE IN THIS SPACE
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		DO NOT WRITE IN THIS SPACE
<small>CITY - ST - ZIP</small>		
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
<small>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.</small>		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> _____ <small>Daytime Phone #</small> _____		