

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000035599

FILED
Apr 28, 2005
Secretary of State

Entity Name: THE LEY'S CORPORATION

Current Principal Place of Business:

8305 CRESPI BLVD.
5B
N BAY VILLAGE, FL 33141 US

New Principal Place of Business:

8305 CRESPI BLVD.
5B
MIAMI, FL 33141 US

Current Mailing Address:

8305 CRESPI BLVD
5B
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 65-0491507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEY, FLOR DE MARIA
8305 CRESPI BLVD 5B
MIAMI BCH, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEY, MANUEL R
Address: 8305 CRESPI BLVD 5B
City-St-Zip: MIAMI BCH, FL

Title: V () Delete
Name: LEY, FLOR DE MARIA
Address: 8305 CRESPI BLVD 5B
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOR DE MARIA LEY

VP

04/28/2005

Electronic Signature of Signing Officer or Director

Date