2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Mar 31, 2008 08:0
DOCUMENT # P95000009748 1. Entity Name LEYI ADULT CARE INC.		' 48		Secretary of S
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· ·	ce of Business N.W. 29TH AVENUE 3125	Mailing Address 1017-1019 N.W. 29TH AVENU MIAMI, FL 33125	E	
		i a	:	02062008 No Chg-P CR2E034 (11/05)
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For 65-0554944 Not Applicable \$8.75 Additional \$8.75 Additional \$1.00 Applicable \$1.00
		<u> </u>		5. Certificate of Status Desired Fee Required
<u></u> .	6. Name and Address of Current Re	gistered Agent		
DIAZ, CANDIDA 1017 N.W. 29TH AVENUE MIAMI, FL 33125				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be ided to Fees
10.	OFFICERS AND DI	RECTORS		
NAME STREET ADDRESS CITY-ST-ZIP	PVD DIAZ, CANDITA 1017 N.W. 29TH AVENUE MIAMI, FL 33125			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000874069
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04/10/08-80105-011 150.00 DO NOT WRITE
TITLE NAME STREET ADDRESS CIFY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. Thereby 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: _

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

,,,28/08

Daytime Phone #