


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90018 037 \*\*\*150.00

<b>DOCUMENT # P96000044919</b>	
1. Entity Name <b>L.E.T. INTERNATIONAL, INC.</b>	

Principal Place of Business <b>99 NW 183RD STREET, STE 237 MIAMI FL 33169</b>	Mailing Address <b>99 NW 183RD STREET, STE 237 MIAMI FL 33169</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>MCCOY, JAMES L</b> <del>99 NW 183RD ST., SUITE 237</del> <del>MIAMI FL 33169</del> <b>12355 NW 35th ST.</b> <b>OCALA, FL 34482</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 <i>James L. McCoy</i> Signature, typed or printed name of registered agent and title if applicable	DATE <b>4/11/04</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>M</b> <b>MCCOY, JAMES L</b> <b>99 NW 183RD ST. SUITE 237</b> <b>MIAMI FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VPST</b> <b>MCCOY, DOUGLAS S</b> <b>99 NW 183RD ST. SUITE 237</b> <b>MIAMI FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>P</b> <b>COHEN, MICHAEL J</b> <b>99 NW 183RD ST STE 237</b> <b>MIAMI FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12355 NW 35th ST.</b> <b>OCALA, FL 34482</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P/S/T</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>James L. McCoy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4/11/04</b> Date	DAYTIME PHONE # <b>352 351-0326</b> Daytime Phone #
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