

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96080051525

1. Entity Name
LEATHER REFINISHERS, INC.



Principal Place of Business
3343 N.W. 27TH TERRACE
BOCA RATON, FL 33434

Mailing Address
3343 N.W. 27TH TERRACE
BOCA RATON, FL 33434

FILED

Mar 15, 2004 08:00 AM
Secretary of State



03092004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0673657

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVIA, JOSEPH W
3343 N.W. 27TH TERRACE
BOCA RATON, FL 33434

**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 appointing)

DATE

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
P
SILVIA, JOSEPH
3343 NW 27 TERR
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SILVIA, DONNA
3343 NW 27 TERR
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

000000089134
03/15/04-80078-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR