


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90050 042 \*\*\*150.00

**DOCUMENT # P97000061616**

1. Entity Name  
**LENIET TWO CORPORATION**



Principal Place of Business  
 11605 SW 147TH AVE  
 MIAMI, FL 33196-3386

Mailing Address  
 BLAKESBERG & CO CPAS  
 951 SW 4TH AVE.  
 BOCA RATON, FL 33432-5803

**50005609**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01142005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0910659**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BLAKESBERG, WILLIAM**  
 951 SW 4TH AVE.  
 BOCA RATON, FL 33432-5803

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **S**  Delete  
 NAME **LEON, REINALDO**  
 STREET ADDRESS **29421 S.W. 152ND AVENUE**  
 CITY-ST-ZIP **LEISURE CITY, FL 330332847**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **LEON, MARTHA**  
 STREET ADDRESS **29421 SW 152ND AVENUE**  
 CITY-ST-ZIP **LEISURE CITY, FL 330332847**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **NEITO, MIRIAM**  
 STREET ADDRESS **29421 S.W. 152ND AVENUE**  
 CITY-ST-ZIP **LEISURE CITY, FL 330332847**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Martina Leon* **TR LEON** 1/18/05 561-756-8300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**MARTINA LEON**