2005 FOR PROFIT CORPORATION

COY-ST-ZIP

SIGNATURE:

Apr 18, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000038299 1. Entity Name LEON DIDIER, CORP. Principal Place of Business Mailing Address 8145 SW 206TH TERR. 8145 SW 206TH TERR. MIAMI, FL 33189 MIAMI, FL 33189 03172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0833987 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARAYA, RUBEN D DO NOT WRITE 8145 SW 206TH TERR. MIAMI, FL 33189 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 epolicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TIT! F ARAYA, RUBEN D NAME STREET ADDRESS 8145 SW 206TH TERR. CITY - ST - ZIP MIAMI, FL 33189 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver of 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR

FILED

446 205

Date