


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000042254		
1. Entity Name LEGACY INVESTMENT CORP.		
Principal Place of Business 9657 SW 124TH ST. MIAMI, FL 33176	Mailing Address 9657 SW 124TH ST. MIAMI, FL 33176	



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0839162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOLANOS, JOSE A 2121 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134

**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 renouncing) 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	PVP SOTOLONGO, ARMANDO O 9657 SW 124 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, IBRAHIM 9657 SW 124 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SOTOLONGO, MIRIAM M 9657 SW 124 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, AIMEE J 9657 SW 124 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/04-80037-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

4/13/04

Date

305-235-5889

Daytime Phone #