

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 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**



DO NOT WRITE IN THIS SPACE

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0839162** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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 reissuing)

DATE

**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

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

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**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armando O. Sotolongo

3-15-05

Date

305-235-5689

Daytime Phone #