

Amended

2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR) AMENDMENT

005

DOCUMENT # P98000080035

Entity Name

LEFER CORP.



FILED

04 AUG -9 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business		Mailing Address	
13200 S.W. 128 St. Building G Miami, FL 33186		Same	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0895986 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FABRE, FRANK R.S. ESQ.
717 PONCE DE LEON BLVD, STE 234
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 PSD NAME STREET ADDRESS CITY-STATE-ZIP	BELLON, LEOPOLDO 13200 SW 128 St., Bldg. G Miami, Florida 33186	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE PD NAME STREET ADDRESS CITY-STATE-ZIP	BELLON, LEOPOLDO 13200 SW 128 St., Bldg. G Miami, Florida 33186	☒ Change ☐ Addition
TITLE VPD NAME STREET ADDRESS CITY-STATE-ZIP	BELLON, RAMONA 132 SW 128 St., Bldg. G Miami, Florida 33186	☐ Change ☒ Addition
TITLE TD NAME STREET ADDRESS CITY-STATE-ZIP	MORENO, MARIO 13200 SW 128 St., Bldg. G Miami, Florida 33186	☐ Change ☒ Addition
TITLE SD NAME STREET ADDRESS CITY-STATE-ZIP	MORENO, FATIMA 13200 SW 128 St., Bldg. G Miami, Florida 33186	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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

Leopoldo Bellon

7-26-04

Days From 8

305.228.777x