## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000080035

Entity Name: LEFER CORP.

**FILED** Apr 23, 2009 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

12901 SW 132 AVENUE 12485 SW 137 AVENUE MIAMI, FL 33186

SUITE 103 MIAMI, FL 33186

**Current Mailing Address: New Mailing Address:** 

12901 SW 132 AVENUE 12485 SW 137 AVENUE MIAMI, FL 33186 SUITE 103

MIAMI, FL 33186

FEI Number: 65-0895986 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FABRE, FRANK R 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition PSD ( ) Delete Title: PSD.

BELLON, LEOPOLDO BELLON, LEOPOLDO Name: Name: 12901 SW 132 AVENUE 12485 SW 137 AVENUE Address: Address: MIAMI, FL 33186 City-St-Zip: City-St-Zip: MIAMI, FL 33186

Title: VPD Title: VPD (X) Change ( ) Addition () Delete

Name: BELLON, RAMONA Name: BELLON, RAMONA 12901 SW 132 AVENUE 12485 SW 137 AVENUE Address: Address: MIAMI, FL 33186 MIAMI, FL 33186 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: TD ( ) Delete TD

MORENO, MARIO MORENO, MARIO Name: Name: 12901 SW 132 AVENUE 12485 SW 137 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

( ) Delete Title: SD Title: SD (X) Change ( ) Addition

MORENO, FATIMA MORENO, FATIMA Name: Name: Address: 12901 SW 132 AVENUE Address: 12485 SW 137 AVENUE City-St-Zip: City-St-Zip: MIAMI, FL 33186 MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOPOLDO BELLON **PSD** 04/23/2009