## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000045139

INFANTE, LIGIA

2424 NORTH FEDERAL HWY

BOCA RATON, FL 33431

Name:

Address:

City-St-Zip:

Entity Name: LEINTERNATIONAL, INC.

FILED Apr 26, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2424 NORTH FEDERAL HIGHWAY STE. 454 BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 2424 NORTH FEDERAL HIGHWAY STE. 454 BOCA RATON, FL 33431 FEI Number: 65-0923645 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: VISMANTAS, ANDRIUS 2424 NORTH FEDERAL HIGHWAY STE. 454 BOCA RATON, FL 33431 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: () Delete () Change () Addition VISMANTAS, ANDRIUS Name: Name: 2424 NORTH FEDERAL HIGHWAY STE. 318 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LIKTORIUS, MILDA Name: 2424 NORTH FEDERAL HIGHWAY STE. 318 Address: Address: BOCA RATON, FL 33431 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SILIUNAS, VIDA Name: Name: 2424 NORTH FEDERAL HIGHWAY STE. 318 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDRIUS VISMANTAS P 04/26/2005