

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90002 010 ***150.00

DOCUMENT # P99000060049

1. Entity Name
LECHON KING CORP.



Principal Place of Business
**3510 PINE TREE DRIVE
MIAMI BEACH, FL 33140**

Mailing Address
**3510 PINE TREE DRIVE
MIAMI BEACH, FL 33140**

54072990



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEHRPOUYAN, CYRUS
3510 PINE TREE DRIVE
MIAMI BEACH, FL 33140**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEHRPOUYAN, CYRUS
3510 PINE TREE DRIVE
MIAMI BEACH, FL 33140** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/12/04

305-525-8628

Attachment

54072990 # P99000060049

Lechon King Corporation

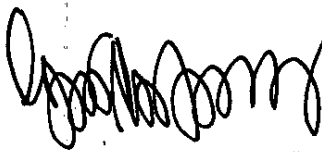
September 12, 2004

Division of Corporations
P. O. Box 1500
Or : 2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

To whom it may concern,

Please be advised that we did not receive notice of this annual report being due by May 1.
Therefore we are eligible for a waiver of the \$400.00 late fee.

Thank you for your consideration,



Cyrus Mehrpouyan
For Lechon King Corporation

CM/mm