2005 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P99000096863 1. Entity Name 04-12-2005 90147 002 ***150.00 L.E.G. INVESTMENT CORPORATION, INC. Principal Place of Business *Mailing Address 66 VALENCIA P O BOX 450323 MIAMI FL 33245 **MIAMI FL 33134** 2. Principal Place of Business Suite, Apt. #, etc CR2E034 (10/04) Çity & State City & State 4. FEI Number Applied For 59-2562263 Not Applicable \$8.75 Additional Bead Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUERRA, LOURDES E Box Number is Not Acceptable) 68-VALENCIA -#403--MIAMIFE 33134 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. 8Und (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS:\$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ☐ Delete TITLE ☐ Change Addition **GUERRA, LOURDES E** NAME NAME STREET ADDRESS 66 VALENCIA #403 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33134** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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

ONING OFFICER OR DIRECTOR

FILED