2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State
04-30-2004 90355 013 ***150.00

66423946

MOORE CR2E034 (11/03)

DOCUMENT # P99000096971

1. Entity Name

LEBRON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1962 N.W. 97TH AVENUE HOUSE CORAL SPRINGS FL 33071	1962 N.W. 97TH AVENUE HOUSE CORAL SPRINGS FL 33071

2. Principal Place of Business	3. Mailing Address
5251 NW 77th Court	5251 NW 77th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach FL	City & State: Pompano Beach FL
Zip: 33073 — Country: Broward	Zip: 33073 — Country: Broward

4. FEI Number 65-0961998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~LEBRON, AGAPITO PETER~~
~~1962 N.W. 97TH AVENUE~~
HOUSE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name: Peter Lebron

Street Address (P.O. Box Number is Not Acceptable): 5251 NW 77th Court

City: Pompano Beach FL Zip Code: 33073

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] 3-24-2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEBRON, PETER 1962 NW 97TH AVE. CORAL SPRINGS FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5251 NW 77th Court Pompano Beach FL 33073	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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] 5-20-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954-803-5745