


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S05260 1. Entity Name LENIET CORPORATION		
Principal Place of Business 29421 S.W. 152ND AVE LEISURE CITY, FL 33033-2847 US	Mailing Address % BLAKESBERG & CO. CPAS 951 SW 4TH AVE. BOCA RATON, FL 33432-5803 US	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent BLAKESBERG, WILLIAM 951 SW 4TH AVE. BOCA RATON, FL 33432-5802		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	LEON, REINALDO	
STREET ADDRESS	29421 S.W. 152ND AVE.	
CITY - ST - ZIP	LEISURE CITY, FL 330332847	
TITLE	DV	
NAME	NIETO, MIRIAM	
STREET ADDRESS	29421 SW 152ND AVE	
CITY - ST - ZIP	LEISURE CITY, FL 330332847	
TITLE	S	
NAME	LEON, MARTHA	
STREET ADDRESS	29421 SW 152 AVE.	
CITY - ST - ZIP	HOMESTEAD, FL 330332847	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Miriam Nieto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MIRIAM NIETO		561_750-8300 Date _____ Daytime Phone # _____



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0221725** Applied For Not Applicable

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

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03/29/06-80024-011 150.00

**DO NOT WRITE
IN THIS SPACE**