


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



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0221725

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BLAKESBERG, WILLIAM
 951 SW 4TH AVE.
 BOCA RATON, FL 33432-5802

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	

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 03/29/06-80024-011 150.00

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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: Miriam Nieto **561_750-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Director** Date Daytime Phone #