


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S05260</b>	
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
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02262007 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 <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BLAKESBERG, WILLIAM  
 951 SW 4TH AVE.  
 BOCA RATON, FL 33432-5802

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5:00** May Be Added to Fees

000000663457  
 03/27/07-80071-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEON, REINALDO 29421 S.W. 152ND AVE. LEISURE CITY, FL 330332847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NIETO, MIRIAM 29421 SW 152ND AVE LEISURE CITY, FL 330332847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEON, MARTHA 29421 SW 152 AVE. HOMESTEAD, FL 330332847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Reinaldo Leon **REINALDO LEON** **PRESIDENT** Date: 3/13/07 5617508300  
SIGNATURE AND TYPE OF OFFICER OR DIRECTOR Daytime Phone #