

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S53481
 1. Entity Name
LEYTON HOLDINGS, INC.



Principal Place of Business Mailing Address
1149 SW 27 AVENUE SUITE 203 MIAMI FL 33135 US
1149 SW 27 AVENUE SUITE 203 MIAMI FL 33135 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0347447** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALENTADO, ANTONIO
1149 SW 27 AVENUE SUITE 203 MIAMI FL 33135

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

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	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, HORACIO A	
STREET ADDRESS	1149 SW 27 AVENUE - SUITE 203	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOPEZ, CARLOS A	
STREET ADDRESS	1149 SW 27 AVENUE - SUITE 203	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOPEZ, CLAUDIO P	
STREET ADDRESS	1149 SW 27 AVENUE - SUITE 203	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
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 02/16/04-80120-004 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Horacio Lopez* **2.13.04** (305) 642-7689