

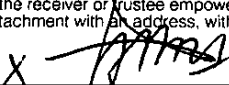


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90179 040 ***150.00

DOCUMENT # S53481 1. Entity Name LEYTON HOLDINGS, INC.							
Principal Place of Business 1149 SW 27 AVENUE SUITE 203 MIAMI, FL 33135 US			Mailing Address 1149 SW 27 AVENUE SUITE 203 MIAMI, FL 33135 US				
2. Principal Place of Business 9400 South Dadeland Blvd.		3. Mailing Address 9400 South Dadeland Blvd.					
Suite, Apt. #, etc. SUITE 601		Suite, Apt. #, etc. Suite 601					
City & State MIAMI, FL 33156		City & State Miami, Fl					
Zip 33156	Country USA	Zip 33156	Country USA				
4. FEI Number 65-0347447				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01122005 Chg-P CR2E034 (10/03)			
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) 9400 South Dadeland Blvd Suite 601						City Miami	
State FL				Zip Code 33156			
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, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE PD	NAME LOPEZ, HORACIO A		TITLE _____	NAME _____			
STREET ADDRESS 1149 SW 27 AVENUE - SUITE 203	CITY - ST - ZIP MIAMI, FL 33135		STREET ADDRESS _____	CITY - ST - ZIP _____			
TITLE STD	NAME LOPEZ, CARLOS A		TITLE _____	NAME _____			
STREET ADDRESS 1149 SW 27 AVENUE - SUITE 203	CITY - ST - ZIP MIAMI, FL 33135		STREET ADDRESS _____	CITY - ST - ZIP _____			
TITLE VP	NAME LOPEZ, CLAUDIO P		TITLE _____	NAME _____			
STREET ADDRESS 1149 SW 27 AVENUE - SUITE 203	CITY - ST - ZIP MIAMI, FL 33135		STREET ADDRESS _____	CITY - ST - ZIP _____			
TITLE _____	NAME _____		TITLE _____	NAME _____			
STREET ADDRESS _____	CITY - ST - ZIP _____		STREET ADDRESS _____	CITY - ST - ZIP _____			
TITLE _____	NAME _____		TITLE _____	NAME _____			
STREET ADDRESS _____	CITY - ST - ZIP _____		STREET ADDRESS _____	CITY - ST - ZIP _____			
TITLE _____	NAME _____		TITLE _____	NAME _____			
STREET ADDRESS _____	CITY - ST - ZIP _____		STREET ADDRESS _____	CITY - ST - ZIP _____			
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 _____							
Date _____ Daytime Phone # _____							