


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 577642**

1. Entity Name  
ALEX LEEDS, P.A.



Principal Place of Business  
3298 NE 33RD ST  
FORT LAUDERDALE, FL 33308

Mailing Address  
3200 N OCEAN BLVD  
# 509  
FORT LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1838561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEEDS, ALEX  
4410 W. OAKLAND PARK BLVD.  
LAUDERDALE LAKES, FL 33313-1819

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD LEEDS, ALEX 4410 W. OAKLAND PK BLVD LAUDERDALE LAKES, FL
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000000435101  
02/25/06 80029-006 150.00

**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 officers empowered.

SIGNATURE: Alex Leeds Alex Leeds 2/10/06 ✓ 954-7338535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #