


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90103 009 \*\*\*150.00

**DOCUMENT # F25816**

1. Entity Name  
**LEONARD C. HOLLANDER C.L.U. & ASSOCIATES, INC.**



Principal Place of Business  
**TWO SOUTH BISCAYNE BLVD  
 SUITE 2390  
 MIAMI, FL 33131 US**

Mailing Address  
**TWO SOUTH BISCAYNE BLVD  
 SUITE 2390  
 MIAMI, FL 33131 US**

**40003084**

2. Principal Place of Business  
*Two South Biscayne Blvd.*

3. Mailing Address  
*Two South Biscayne Blvd.*

Suite, Apt. #, etc.  
*Suite 1801*

Suite, Apt. #, etc.  
*Suite 1801*



01062005 Chg-P CR2E034 (10/03)

City & State  
**Miami, FL.**

City & State  
**Miami, FL.**

Zip  
**33131**

Country  
**US**

Zip  
**33131**

Country  
**US**

4. FEI Number  
**59-2074061**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLANDER, HOWARD J  
 TWO SOUTH BISCAYNE BLVD  
 SUITE 2390  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**Howard J. Hollander**

Street Address (P.O. Box Number is Not Acceptable)  
**Two South Biscayne Blvd.**

**Suite 1801**

City  
**Miami, FL.**

Zip Code  
**33131**

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 *Howard J. Hollander* **Howard J. Hollander** *President* **1/5/05**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	HOLLANDER, LEONARD C	
STREET ADDRESS	550 W CYPRESS CREEK RD SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLLANDER, HARRIET	
STREET ADDRESS	550 W CYPRESS CREEK RD SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLLANDER, HOWARD J	
STREET ADDRESS	TWO S BISCAYNE BLVD SUITE 2390	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hollander, Leonard C.	
STREET ADDRESS	11404 Boca Woods Lane	
CITY-ST-ZIP	Boca Raton, FL. 33428	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hollander, Harriet	
STREET ADDRESS	11404 Boca Woods Lane	
CITY-ST-ZIP	Boca Raton, FL. 33428	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hollander, Howard J.	
STREET ADDRESS	Two South Biscayne Blvd. Suite 1801	
CITY-ST-ZIP	Miami, FL. 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Howard J. Hollander* **Howard J. Hollander** *V. President* **1/5/05** **305-358-4683**

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