

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # J47120

1. Entity Name

LEITER, PEREZ & ASSOCIATES, INC.



Principal Place of Business

160 NW 176 ST.
RM. 403
MIAMI FL 33169

Mailing Address

160 NW 176 ST.
RM. 403
MIAMI FL 33169



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2746730**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LEITER, MARTIN
160 N.W. 176 ST.
RM. 403
MIAMI FL 33169

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

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, 2007 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

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | PEREZ, GEORGE | |
| STREET ADDRESS | 160 N.W. 176TH ST., RM 403 | |
| CITY - ST - ZIP | MIAMI FL 33169 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | LEITER, MARTIN | |
| STREET ADDRESS | 160 N.W. 176TH ST., RM 403 | |
| CITY - ST - ZIP | MIAMI FL 33169 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MONTIEL, JOSE | |
| STREET ADDRESS | 160 N.W. 176TH ST., RM 403 | |
| CITY - ST - ZIP | MIAMI FL 33169 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | LEITER, GEOFFREY | |
| STREET ADDRESS | 160 N.W. 176TH ST., RM 403 | |
| CITY - ST - ZIP | MIAMI FL 33169 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | PEREZ, IRENE | |
| STREET ADDRESS | 160 NW 176 ST, RM 403 | |
| CITY - ST - ZIP | MIAMI FL 33169 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | EDMUNDS, HENRY GRIER | |
| STREET ADDRESS | 160 NW 176TH ST., RM 403 | |
| CITY - ST - ZIP | MIAMI FL 33169 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | U00000615620 |
| CITY - ST - ZIP | 02/06/07-80077-023 158.75 |
| 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 | |
| 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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Irene Perez

1/29/07

305-652-5133