

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90248 030 ***150.00

DOCUMENT # K28597	
1. Entity Name CENTER FOR LEADERSHIP DEVELOPMENT, INC.	

Principal Place of Business 8811 NW 21ST STREET CORAL SPRINGS, FL 33071	Mailing Address 8811 NW 21ST STREET CORAL SPRINGS, FL 33071 US
---	--

20040041



2. Principal Place of Business 8811 NW 21st Court	3. Mailing Address 8811 NW 21st Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02092005 Chg-P CR2E034 (10/03)

City & State Coral Springs Fla	City & State Coral Springs Florida
Zip 33071	Zip 33071
Country USA	Country USA

4. FEI Number 65-0070856	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent VILLA, JOAN 8811 NW 21ST STREET CORAL SPRINGS, FL 33071	
7. Name and Address of Now Registered Agent Name Joan Villa Street Address (P.O. Box Number is Not Acceptable) 8811 NW 21st Court Coral Springs FL Zip Code 33071	

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 *Joan Villa* DATE 4/20/05
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when recording)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLA, JOAN 8811 NW 21ST STREET CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Villa, Joan 8811 NW 21st Court Coral Springs Florida 33071 ☒ Change ☐ Addition <i>Address change only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Joan Villa* 4-20-05 954-303-8313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #