

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT -9 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000085151

1. Entity Name

LEAD INTERNATIONAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1250 E. Hallandale Beach Blvd.

3. Mailing Address

1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite 808

Suite, Apt. #, etc.

Suite 808

DO NOT WRITE IN THIS SPACE

City & State

Hallandale, Florida

City & State

Hallandale, Florida

4. FEI Number

65-1141896

Applied For

Not Applicable

Zip
33009

Country
USA

Zip
33009

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
AGI Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1200 Brickell Avenue, Suite 900

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

Patricia Dressler

09/26/03

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
Dressler, Patricia **DIRECTOR**
STREET ADDRESS
1250 E. Hallandale Beach Blvd. Suite 808
CITY-ST-ZIP
Hallandale, Fl. 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200023414002
09/29/03 01129 005 **70.00

TITLE
NAME
Gil'Adi, Daniel **DIRECTOR**
STREET ADDRESS
1250 E. Hallandale Beach Blvd, Suite 808
CITY-ST-ZIP
Hallandale, Fl. 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/26/03
Date

904-465-4403
Daytime Phone #

CR2E034B (12/02)

11/10/9