


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90044 011 ***158.75

DOCUMENT # P02000090378

1. Entity Name
LEADCOM INC.



Principal Place of Business
**1048 NW 116 AVE
 CORAL SPRINGS, FL 33071**

Mailing Address
**PO BOX 771028
 CORAL SPRINGS, FL 33077-1028**

24028040

2. Principal Place of Business
**2645 EXECUTIVE PARK DR
 SUITE, APT. #, ETC.
 127**

3. Mailing Address
**2645 EXECUTIVE PARK DR
 SUITE, APT. #, ETC.
 127**



03172004 Chg-P CR2E034 (10/03)

City & State
WESTON FLORIDA

City & State
WESTON FLORIDA

Zip
33331 Country

Zip
33331 Country

4. FEI Number
33-1020172

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CENTENO, ROBERTO
 1048 NW 116 AVE
 CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name **SERGIO F. BROK**

Street Address (P.O. Box Number is Not Acceptable)
346 NW 118TH AVE

City **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 *Sergio F. Brok* **SERGIO F. BROK** DATE **3/20/03**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> Delete
NAME CENTENO, ROBERTO	
STREET ADDRESS PO BOX 771028	
CITY-ST-ZIP CORAL SPRINGS, FL 33077	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME CENTENO, ROSEMARY	
STREET ADDRESS PO BOX 771028	
CITY-ST-ZIP CORAL SPRINGS, FL 33077	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME URI DOTAN	
STREET ADDRESS 2645 EXECUTIVE PARK DR #127	
CITY-ST-ZIP WESTON FL 33331	
TITLE VP, SECRETARY & TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEVEN SENTER	
STREET ADDRESS 2645 EXECUTIVE PARK DR #127	
CITY-ST-ZIP WESTON FL 33331	
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 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: *Steven Senter* DATE **2/19/04** DAYTIME PHONE # **1-954-3851620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR