


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000045734

1. Entity Name
MARK J. LEEDS, P.A.



Principal Place of Business 633 SO. FEDERAL HIGHWAY 8TH FLOOR FT LAUDERDALE, FL 33302 US	Mailing Address 633 SO. FEDERAL HIGHWAY 8TH FLOOR FT LAUDERDALE, FL 33302 US
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0689541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEEDS, MARK J
633 SO. FEDERAL HIGHWAY
8TH FLOOR
FT LAUDERDALE, FL 33302**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	NAME LEEDS, MARK J
STREET ADDRESS 633 SO. FEDERAL HIGHWAY, 8TH FL	CITY-ST-ZIP FT LAUDERDALE, FL 33302
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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02/13/08-80062-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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**

4/21/08 **9545230001** **Date** **Daytime Phone #**