
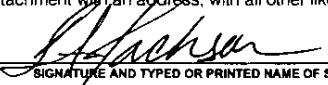


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 022 ****70.00

DOCUMENT # N04000003092			
1. Entity Name SOUTH FLORIDA LEADERSHIP SEMINAR, INC.			
Principal Place of Business 700 NE 63 ST D-406 MIAMI, FL 33138		Mailing Address 700 NE 63 ST D-406 MIAMI, FL 33138	
2. Principal Place of Business - No P.O. Box # 321 SW 65th Ave Suite, Apt. #, etc.		3. Mailing Address 321 SW 65th Ave Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33023	Country USA	Zip 33023	Country USA
6. Name and Address of Current Registered Agent SOUTH FLORIDA HOBY 700 NE 63 ST D-406 MIAMI, FL 33138		7. Name and Address of New Registered Agent Name: South Florida HOBY Street Address (P.O. Box Number is Not Acceptable): 321 SW 65th Ave City: Pembroke Pines FL Zip Code: 33023	
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: Ismael Monroig, Jr., South Florida Hoby President		DATE: 3-31-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, ALEXANDER 700 NE 63 ST D-406 MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ismael Monroig, Jr 321 SW 65th Ave Pembroke Pines, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MC DONOUGH, JOHN 2020 CONFERENCE DRIVE BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T John McDonough 2031 N. Conference Dr. Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PHILLIPS, LON 2847 NW 34 ST BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JACKSON, STEPHANIE 47 F SE 11 ST DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Stephanie Jackson 321 SW 65th Ave Pembroke Pines, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TOZZER, HAL 811 ALGERIA AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Hal Tozzer 934 SW 18th St. Fort Lauderdale, FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MONROIG, ISHMALE 3265 NW 87TH AVE. MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 617, 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:  Stephanie Jackson		DATE: 3-31-07 Daytime Phone #: 561-237-7352	