

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000019861

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** LEADING CONSULTING GROUP CORP.

**Current Principal Place of Business:**

2851 NE 183RD ST., #502  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

2851 NE 183RD ST., #502  
AVENTURA, FL 33160

**New Mailing Address:**

**FEI Number:** 27-2046827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAFIRSZTEIN, MANUEL  
2851 NE 183RD ST., #502  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SAFIRSZTEIN, MANUEL  
Address: 2851 NE 183RD ST., #502  
City-St-Zip: AVENTURA, FL 33160

Title: VD  
Name: SAFIRSZTEIN, SUSANA  
Address: 2851 NE 183RD ST., #502  
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL SAFIRSZTEIN

PD

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date