

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L61925

**Entity Name:** LEADERSHIP IN ACCOUNTING MANAGEMENT, INC.

**Current Principal Place of Business:**

% GALE LAM  
11131 MINNEAPOLIS DR  
COOPER CITY, FL 33026

**Current Mailing Address:**

% GALE LAM  
11131 MINNEAPOLIS DR  
COOPER CITY, FL 33026

**FEI Number:** 65-0185066

**Certificate of Status Desired:** No

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

LAM, GALE  
11131 MINNEAPOLIS DR  
COOPER CITY, FL 33026 US

*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:** GALE LAM

04/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, CEO  
Name LAM, GALE  
Address 11131 MINNEAPOLIS DR  
City-State-Zip: COOPER CITY FL 33026

Title VP  
Name LAM, GEORGE  
Address 11131 MINNEAPOLIS DR  
City-State-Zip: COOPER CITY FL 33026

Title VP  
Name LAM, ZUDINA HIDROBO  
Address % GALE LAM  
11131 MINNEAPOLIS DR  
City-State-Zip: COOPER CITY FL 33026

Title VP  
Name LAM, HARRISON ESQ.  
Address % GALE LAM  
11131 MINNEAPOLIS DR  
City-State-Zip: COOPER CITY FL 33026

*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:** GALE G LAM

**PRESIDENT**

04/13/2024

Electronic Signature of Signing Officer/Director Detail

Date