2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT # 234441 1. Entity Name LEATHER WORLD, INC.								tary of S 04 90095 011 ***1			
Principal Place of Business			Mailing Address			7					
339 MIRACLE MILE CORAL GABLES, FL 33134			339 MIRACLE MILE	339 MIRACLE MILE CORAL GABLES, FL 33134							
									HALL BALL		
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-P	CR2E034 (10/03)			
City & State			City & State	City & State		4. FEI Numb 59-091			oplied For of Applicable		
Zip		Country	Zip	Coun	itry	5. Certificate	of Status Desired	□ \$8.75 Add			
	S. Name	and Address of Curr	ent Registered Agent		<u></u>	7 Name and	d Address of New S	Fee Require	<u> </u>		
MONCARZ, ISAAC 339 MIRACLE MILE CORAL GABLES, FL 33134					7. Name and Address of New Registered Agent Name ALOGOV MORIO A. Street Address (P.O. Box Number is Not Acceptable) 339 MPROCE MPE City OROL Gobies FL Zip Code 34						
8. The above	named entit	y submits this statemer	nt for the purpose of changing	its register	ed office or regist	ered agent, or bo	oth, in the State of Fi	orida. I am familiar with,	and accept		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS A	ND DIRECTORS	11.	PSD	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11		
TITLE	PD 52 Delete					Disol	A. ARac	3(6) I) □ Change	Addition		
NAME STREET ADORESS	MONCARZ, ISAAC 339 MIRACLE MILE				ET ADORESS 3	39. M	PRACKET	<u>u</u> rle			
CITY-ST-ZIP						oral G	ables, T	-1.33134	4		
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		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									
12. I hereby of indicated of the cor	poraulori or ir	ie i buckiver ur trustee e	mpowered to execute this rep	xort as requi	mption stated in Sture shall have the red by Chapter 6	Section 119.07(3) s same legal effe 07, Florida Statut	(i), Florida Statutes. ct as if made under es; and that my nam	I further certify that the in oath; that I am an officer e appears in Block 10 or	nformation or director Block 11 if		
12. I hereby of indicated of the cor	, or on an atta	ie i buckiver ur trustee e	with this filing does not qualify ort is true and accurate and the impowered to execute this re- ss, with all other like empowe	xort as requi	mption stated in Sture shall have the red by Chapter 6	Section 119.07(3) a same legal effe	es; and that my ham	I further certify that the is oath; that I am an officer e appears in Block 10 or	or director Block 11 if		