


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 305131
 1. Entity Name
LEO-JAMES, INC.



Principal Place of Business 1228 ALTON ROAD MIAMI BEACH, FL 33139 US	Mailing Address 1228 ALTON ROAD MIAMI BEACH, FL 33139 US
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1166764	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent
RESNICK, JAMES
1228 ALTON ROAD
MIAMI BEACH, FL 33139

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3. 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's signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RESNICK, JAMES 1228 ALTON ROAD MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RESNICK, SARA 1228 ALTON ROAD MIAMI BEACH, FL 33139
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 03/02/05-80039-012 150.00

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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)(f), 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: JAMES RESNICK P/Sec **3-28-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #