
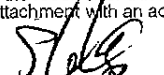


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 455743 1. Entity Name LEONARD WALD, INC.					
Principal Place of Business 9829 WEST SAMPLE RD CORAL SPRINGS FL 33065			Mailing Address 9829 WEST SAMPLE RD CORAL SPRINGS FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KREISBERG, STEVEN 9829 W SAMPLE RD CORAL SPRINGS FL 33065				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREISBERG, STEVEN		NAME		
STREET ADDRESS	9829 W SAMPLE RD		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREISBERG, MONICA		NAME		
STREET ADDRESS	9829 W. SAMPLE ROAD		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:  Steven Kreisberg			2/18/05 954-752-8160		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1547757** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

U00000249626
03/03/05-80010-014 150.00

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD KREISBERG, STEVEN 9829 W SAMPLE RD CORAL SPRINGS FL

☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP

S KREISBERG, MONICA 9829 W. SAMPLE ROAD CORAL SPRINGS FL

☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP

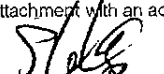
☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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SIGNATURE:  Steven Kreisberg

2/18/05 954-752-8160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #