



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90019 042 \*\*\*150.00

<b>DOCUMENT # 528474</b> 1. Entity Name <b>LEEDS BUSINESS COUNSELING, INC.</b>					
Principal Place of Business 1110 BRICKELL AVENUE SUITE 508 MIAMI, FL 33131			Mailing Address 404 VISCAYA AVE CORAL GABLES, FL 33134-7160 US		
2. Principal Place of Business <b>848 Brickell Av</b>		3. Mailing Address		<div style="font-size: 24px; font-weight: bold;">24001357</div>  <div style="margin-top: 10px;">             01062004    Chg-P    CR2E034 (10/03)           </div>	
Suite, Apt. #, etc. <b>Suite 205</b>		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State			
Zip <b>33131</b>		Country <b>USA</b>		4. FEI Number <b>59-1726598</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BARNES, PAUL D. JR.</b> <b>404 VISCAYA AVE</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>	
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>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE	PD	Delete <input type="checkbox"/>	TITLE	PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	LEEDS, HERBERT A.		NAME	LEEDS, HERBERT A.	
STREET ADDRESS	1110 BRICKELL AVE. SUITE 508		STREET ADDRESS	848 BRICKELL AV. Suite 205	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	MIAMI, FL, 33131	
TITLE	VD	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LEEDS, DOROTHY S.		NAME		
STREET ADDRESS	1121 CRANDON BLVD. D-507		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAVNE FL,		CITY-ST-ZIP		
TITLE	SD	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BARNES, PAUL D. JR.		NAME		
STREET ADDRESS	404 VISCAYA AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 331347160		CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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)(l), 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.					
<b>SIGNATURE:</b> <i>Paul D Barnes Sec</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/8/04</i> Daytime Phone # <i>305-4760600</i>		