## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 528474** 

Entity Name: LEEDS BUSINESS COUNSELING, INC.

FILED Jan 12, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

19333 W. COUNTRY CLUB DRIVE 848 BRICKELL AVE

SUITE 205 HYATT CLASSIC RESIDENCES SUITE 622 MIAMI, FL 33131

MIAMI, FL 33180

**Current Mailing Address: New Mailing Address:** 

404 VISCAYA AVE

CORAL GABLES, FL 331347160 US

FEI Number: 59-1726598 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BARNS, PAUL D. JR. BARNS, JR., PAUL D 404 VISCAYA AVE 404 VISCAYA AVE

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 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: PAUL D. BARNS, JR. 01/12/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

LEEDS, HERBERT S Name: Name: LEEDS, HERBERT A

19333 W. COUNTRY CLUB DRIVE SUITE 622 848 BRICKELL AVE SUITE 205 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: ADVENTURA, FL 33180

VD Title: (X) Change ( ) Addition Title: () Delete

LEEDS, DOROTHY S., Name: Name: LEEDS, DOROTHY S VD

19333 COUNTRY CLUB DR #622 19333 W. COUNTRY CLUB DR SUITE #622 Address: Address:

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

Title: Title: SD () Delete SD (X) Change ( ) Addition BARNS, PAUL D. JR., BARNS, JR., PAUL D Name: Name:

404 VISCAYA AVE 404 VISCAYA AVE Address: Address:

City-St-Zip: CORAL GABLES, FL 331347160 City-St-Zip: CORAL GABLES, FL 331347160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL D. BARNS, JR. SD 01/12/2006