


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90108 032 ***150.00

DOCUMENT # 528474 1. Entity Name LEEDS BUSINESS COUNSELING, INC.					
Principal Place of Business 19333 W. COUNTRY CLUB DRIVE HYATT CLASSIC RESIDENCES SUITE 622 MIAMI, FL 33180			Mailing Address 404 VISCAYA AVE CORAL GABLES, FL 33134-7160 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 550 Ocean Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 8-E			
City & State		City & State Key Biscayne, FL		4. FEI Number 59-1726598	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33149		Country M-Dade.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARNES, JR., PAUL D 404 VISCAYA AVE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 550 Ocean Drive 8-E City Key Biscayne FL Zip Code 33149		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEDS, HERBERT A <input type="checkbox"/> Delete 19333 W. COUNTRY CLUB DRIVE SUITE 622 ADVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEEDS, DOROTHY S VD <input type="checkbox"/> Delete 19333 W. COUNTRY CLUB DR SUITE #622 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, JR., PAUL D <input type="checkbox"/> Delete 404 VISCAYA AVE CORAL GABLES, FL 33134-7160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, JR., PAUL D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 Ocean Dr. Key Biscayne, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/10/2008 305 4760600 <small>DATE Daytime Phone #</small>		