

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 528474

FILED  
Jan 16, 2010  
Secretary of State

**Entity Name:** LEEDS BUSINESS COUNSELING, INC.

**Current Principal Place of Business:**

19333 W. COUNTRY CLUB DRIVE  
HYATT CLASSIC RESIDENCES SUITE 622  
MIAMI, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

550 OCEAN DR  
8-E  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

**FEI Number:** 59-1726598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNS, JR., PAUL D  
550 OCEAN DRIVE  
8-E  
KEY BISCAYNE, FL 33149 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LEEDS, HERBERT A  
**Address:** 19333 W. COUNTRY CLUB DRIVE SUITE 622  
**City-St-Zip:** ADVENTURA, FL 33180

**Title:** VD  
**Name:** LEEDS, DOROTHY S VD  
**Address:** 19333 W. COUNTRY CLUB DR SUITE #622  
**City-St-Zip:** AVENTURA, FL 33180

**Title:** SD  
**Name:** BARNS, JR., PAUL D  
**Address:** 550 OCEAN DR  
**City-St-Zip:** KEY BISCAYNE, FL 33149

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL D. BARNS, JR.

SD

01/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date