2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # 535439** LERU PROPERTY, INC. Principal Place of Business Mailing Address 6510 NW 21ST AVENUE 6510 NW 21ST AVENUE FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 04192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1862990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ZUCKERMAN, ERNEST P. DO NOT WRITE 2205 CYPRESS BEND DRIVE S. #PH 2 IN THIS SPACE POMPANO BEACH, FL 33069 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME RUBACH, LEON U00000742236 19971 NE 39TH PL STREET ADDRESS 05/15/07-80059-023 150.00 CITY-ST-ZIP AVENTURA, FL VP RUBACH, MARC NAME 6050 BLVD EAST STREET ADDRESS CITY-ST-ZIP WEST NEW YORK, NJ TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 occiproration 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 attachmentwith an address with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME:
STREET ADDRESS
CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH 4/27

954-973-3300

Daytime Phone #

FILED