

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000406

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: LEVIATHAN INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

20801 BISCAYNE BLVD.  
4TH FLOOR  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

30 MAIN STREET, SUITE 9H  
BROOKLYN, NY 11201

**New Mailing Address:**

FEI Number: 13-4068378      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GUTIERREZ & ASSOCIATES, P.L.  
610 BRICKELL KEY DRIVE  
SUITE 201  
MIAMI, FL 331312651 US

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

GUTIERREZ & ASSOCIATES, P.L.  
WACHOVIA FINANCIAL, 200 S. BISCAYNE BLVD  
SUITE 3810  
MIAMI, FL 33131 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: RENALDY J. GUTIERREZ

07/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COHN, BRIAN  
Address: 30 MAIN STREET #9H  
City-St-Zip: BROOKLYN, NY 11201

Title: STD ( ) Delete  
Name: GORDON, BRIAN T  
Address: 119 SPRING BROOK TERRACE  
City-St-Zip: NAZARETH, PA 18064

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN COHN

PD

07/06/2009

Electronic Signature of Signing Officer or Director

Date