

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90103 009 \*\*\*150.00

**DOCUMENT # F25816**

1. Entity Name  
**LEONARD C. HOLLANDER C.L.U. & ASSOCIATES, INC.**



Principal Place of Business  
**TWO SOUTH BISCAYNE BLVD**  
**SUITE 2390**  
**MIAMI, FL 33131 US**

Mailing Address  
**TWO SOUTH BISCAYNE BLVD**  
**SUITE 2390**  
**MIAMI, FL 33131 US**

**40003084**



2. Principal Place of Business  
*Two South Biscayne Blvd.*  
 Suite, Apt. #, etc.  
*Suite 1801*

3. Mailing Address  
*Two South Biscayne Blvd.*  
 Suite, Apt. #, etc.  
*Suite 1801*

01062005 Chg-P CR2E034 (10/03)

City & State  
**Miami, FL.**  
 Zip  
**33131** Country  
**US**

City & State  
**Miami, FL.**  
 Zip  
**33131** Country  
**US**

4. FEI Number  
**59-2074061** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOLLANDER, HOWARD J**  
**TWO SOUTH BISCAYNE BLVD**  
**SUITE 2390**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
*Howard J. Hollander*  
 Street Address (P.O. Box Number is Not Acceptable)  
*Two South Biscayne Blvd.*  
*Suite 1801*  
 City  
**Miami, FL. 33131 FL** Zip Code  
**33131**

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 *Howard J. Hollander* *Howard J. Hollander* *V. President* *1/5/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> Delete	HOLLANDER, LEONARD C
STREET ADDRESS CITY-ST-ZIP	550 W CYPRESS CREEK RD SUITE 300 FORT LAUDERDALE, FL 33309
TITLE ST <input type="checkbox"/> Delete	HOLLANDER, HARRIET
STREET ADDRESS CITY-ST-ZIP	550 W CYPRESS CREEK RD SUITE 300 FORT LAUDERDALE, FL 33309
TITLE V <input type="checkbox"/> Delete	HOLLANDER, HOWARD J
STREET ADDRESS CITY-ST-ZIP	TWO S BISCAYNE BLVD SUITE 2390 MIAMI, FL 33131
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition	Hollander, Leonard C.
STREET ADDRESS CITY-ST-ZIP	11404 Boca Woods Lane Boca Raton, FL. 33428
TITLE ST <input type="checkbox"/> Change <input type="checkbox"/> Addition	Hollander, Harriet
STREET ADDRESS CITY-ST-ZIP	11404 Boca Woods Lane Boca Raton, FL. 33428
TITLE V <input type="checkbox"/> Change <input type="checkbox"/> Addition	Hollander, Howard J.
STREET ADDRESS CITY-ST-ZIP	Two South Biscayne Blvd. Suite 1801 Miami, FL. 33131
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Howard J. Hollander* *Howard J. Hollander* *V. President* *1/5/05* *305-358-4683*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #