


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # F25816
 1. Entity Name
LEONARD C. HOLLANDER C.L.U. & ASSOCIATES, INC.



| | |
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| Principal Place of Business TWO SOUTH BISCAYNE BLVD SUITE 1801 MIAMI, FL 33131 US | Mailing Address TWO SOUTH BISCAYNE BLVD SUITE 1801 MIAMI, FL 33131 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 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 1801
 MIAMI, FL 33131

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOLLANDER, LEONARD C 11404 BOCA WOODS LANE BOCA RATON, FL 33428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HOLLANDER, HARRIET 11404 BOCA WOODS LANE BOCA RATON, FL 33428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HOLLANDER, HOWARD J TWO SOUTH BISCAYNE BLVD, SUITE 1801 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 02/06/07-80016-022 150.00

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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: *Howard J. Hollander* *Harriet Hollander* V.P. *1/17/07* *305-358-4633*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #