

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90093 001 \*\*\*\*\*8.75  
 02-08-2008 90093 002 \*\*\*150.00



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

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

**66000941**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**1177 KANE CONCOURSE** **1177 KANE CONCOURSE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 231** **SUITE 231**

02052008 Chg-P CR2E034 (12/06)

City & State City & State  
**Bay Harbor Islands, FL** **Bay Harbor Islands, FL**  
 Zip Country Zip Country  
**33154 MIAMI DADE** **33154 MIAMI-DADE**

4. FEI Number Applied For  
**59-2074061** 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**

7. Name and Address of New Registered Agent  
 Name **Howard J. Hollander**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1177 KANE CONCOURSE**  
**SUITE 231**  
 City **Bay Harbor Islands** FL Zip Code **33154**

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 VP, RA DATE 2/5/08  
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, 2008 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
NAME	HOLLANDER, LEONARD C	
STREET ADDRESS	11404 BOCA WOODS LANE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLLANDER, HARRIET	
STREET ADDRESS	11404 BOCA WOODS LANE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLLANDER, HOWARD J	
STREET ADDRESS	TWO SOUTH BISCAYNE BLVD, SUITE 1801	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1177 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 - VP, RA DATE 2/5/08 DAYTIME PHONE # (305) 868 5912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #