


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90041 019 \*\*\*150.00

<b>DOCUMENT # F45438</b>	
1. Entity Name <b>LESLIE SCHWARTZ ASSOCIATES, INC.</b>	

Principal Place of Business <b>C/O LESLIE SCHWARTZ 4707 BANYAN LANE TAMARAC, FL 33319-3501</b>	Mailing Address <b>C/O LESLIE SCHWARTZ 4707 BANYAN LANE TAMARAC, FL 33319-3501</b>
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**40000309**



2. Principal Place of Business - No P.O. Box # <b>76 Ivy Rd</b>	3. Mailing Address <b>76 Ivy Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01032008 Chg-P CR2E034 (12/06)

City & State <b>Hollywood FL</b>	City & State <b>Hollywood FL</b>
Zip <b>33021</b>	Country <b>USA</b>
Zip <b>33021</b>	Country <b>US</b>

4. FEI Number <b>59-2175370</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SCHWARTZ, LESLIE 4707 BANYAN LANE TAMARAC, FL</b>	
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7. Name and Address of New Registered Agent Name <b>Schwartz, Richard</b> Street Address (P.O. Box Number is Not Acceptable) <b>76 Ivy Rd</b> City <b>Hollywood</b> FL Zip Code <b>33021</b>	
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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 <b>1/3/08</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHWARTZ, LESLIE 4707 BANYAN LANE TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWARTZ, RICHARD 76 IVY ROAD HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBS, ARLENE 62 HUMMINGBIRD DR ROSLYN, NY 11576 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>1/3/08</b> DAYTIME PHONE # <b>954-881-8730</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

X 209