

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90395 005 ***150.00

DOCUMENT # H46977 1. Entity Name IRENE K. LEIWANT, INC.					
Principal Place of Business 350 SOUTH COUNTY RD #203 PALM BEACH, FL 33480 US				Mailing Address 350 SOUTH COUNTY RD #203 PALM BEACH, FL 33480 US	
2. Principal Place of Business 701 CAMILO AVENUE		3. Mailing Address 701 CAMILO AVENUE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04232005 Chg-P CR2E034 (10/03)	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		4. FEI Number NOT APPLICABLE	
Zip 33134		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVAC, SUZANNE JO 350 SOUTH COUNTY RD #203 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name DAVID LEIWANT Street Address (P.O. Box Number is Not Acceptable) 701 CAMILO AVENUE City CORAL GABLES FL Zip Code 33134	
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  DAVID LEIWANT 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV LEIWANT, IRENE K. <input type="checkbox"/> Delete 350 SOUTH COUNTY RD #203 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV LEIWANT, IRENE K. <input type="checkbox"/> Change <input type="checkbox"/> Addition 701 CAMILO AVENUE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEIWANT, IRENE K. <input type="checkbox"/> Delete 350 SOUTH COUNTY RD #203 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEIWANT, IRENE K. <input type="checkbox"/> Change <input type="checkbox"/> Addition 701 CAMILO AVENUE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEIWANT, BARRY D. (ASST) <input type="checkbox"/> Delete 350 SOUTH COUNTY RD #203 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEIWANT, BARRY D. (ASST) <input type="checkbox"/> Change <input type="checkbox"/> Addition 701 CAMILO AVENUE CORAL GABLES, FL 33134	
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 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: Irene K. Leiwant <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			IRENE K. LEIWANT 4/23/05 983 561 6594800 <small>Date Daytime Phone #</small>		

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