


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90037 020 ***150.00

DOCUMENT # J19326

1. Entity Name
 LORN LEITMAN, P.A.



Principal Place of Business
 7700 N KENDALL DR, #403
 MIAMI, FL 33156 US

Mailing Address
 7700 N KENDALL DR #403
 MIAMI, FL 33156 US

2. Principal Place of Business
 8660 W. FLAGLER ST

3. Mailing Address
 8660 W. FLAGLER ST

Suite, Apt. #, etc.
 #200

Suite, Apt. #, etc.
 #200

City & State
 MIAMI FL


City & State
 MIAMI FL

Zip
 33144

Country
 USA

Zip
 33144

Country
 USA



01092006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-2691500

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEITMAN, LORN
 7700 N. KENDALL DR., #405
 SUITE 107-A
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name LORN LEITMAN

Street Address (P.O. Box Number is Not Acceptable)
8660 W. FLAGLER ST, #200

City MIAMI FL Zip Code 33144

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 renouncing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD LEITMAN, LORN 7700 N KENDALL DR #403 MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<u>8660 W. FLAGLER ST, #200</u> <u>MIAMI FL 33144</u>	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Lorn Leitman 1/31/06 205-222-5176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Use (By Fax Phone #