

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47120

FILED
Jan 14, 2009
Secretary of State

Entity Name: LEITER, PEREZ & ASSOCIATES, INC.

Current Principal Place of Business:

160 NW 176 ST.
RM. 403
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

160 NW 176 ST.
RM. 403
MIAMI, FL 33169

New Mailing Address:

FEI Number: 59-2746730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEITER, MARTIN
160 N.W. 176 ST.
RM. 403
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PEREZ, GEORGE
Address: 160 N.W. 176TH ST., RM 403
City-St-Zip: MIAMI, FL 33169

Title: VSD () Delete
Name: LEITER, MARTIN
Address: 160 N.W. 176TH ST., RM 403
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: MONTIEL, JOSE
Address: 160 N.W. 176TH ST., RM 403
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: LEITER, GEOFFREY
Address: 160 N.W. 176TH ST., RM 403
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: PEREZ, IRENE
Address: 160 NW 176 ST, RM 403
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: EDMUNDS, HENRY GRIER
Address: 160 NW 176TH ST., RM 403
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE PEREZ

VPD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date