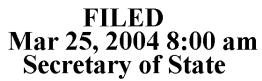
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # L03081  1. Entity Name WILLIAM LEONARD ASSOCIATES, INC.							03-25-2004	90015 046 ***1		
Principal Place 11111 BISCA MIAMI, FL 3	AYNE BLVD		Mailing Address 11111 BISCAYNE BLVD MIAMI, FL 33181 US				CUAAAUPG ·			
2. Principal F	Place of Busin	ess	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03232004	Chg-P	CR2E034 (10/03	3)	
City & State			City & State			4. FEI Numbe		<del>                                     </del>	Applied For	
Zip Country			Zip	Coun	try	5. Certificate	of Status Desired	S8.75 A		
6. Name and Address of Current Registered Agent  LEONARD, WILLIAM  11111 BISCAYNE BLVD  MIAMI, FL 33181						7. Name and Address of New Registered Agent  Name Scott Free Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Terrace				
MIAMI, FL	33181				City L	liami	V/4 4 1 1 1 0 0	FL Zip C	21212P	
8. The above the obligat SIGNATURE	ions of regist	y submits this statement fered agent.  or printed name of registered agen		E: Registered	d Agent signature requ		h, in the State of Flo	orida. I am familiar wit	•	
		FEE IS \$150.00 4 Fee will be \$550	9. Election Campa Trust Fund Con			55.00 May Be Added to Fees				
10.		OFFICERS AND		11,	******		CHANGES TO OFF	ICERS AND DIRECTO		
TITLE NAME STREET ADDRESS CTIT-ST-ZIP	l	D, WILLIAM GCAYNE BLVD . 33181	□ Delete		ET ADDRESS	P Scott Fine 1000 QU/ Miami	MAJ NJIDE T	Erchange 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			<del>,</del>		☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· • -		☐ Delete			• •	1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME . STREET ADDRESS CITY-ST-ZIP		·	□ Delete		i			☐ Change	Addition	
12. I hereby of indicated	certify that the	e information supplied wit t or supplemental report i	h this filing does not qualify fo s true and accurate and that r			Section 119.07(3)(i	), Florida Statutes. I t as if made under o	further certify that the bath; that I am an office	information er or director	

of the corporation of the receiver of changed, or on an attachment with