05/22/2007 03:56 3053584658 IVAN A GOMI

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May 29, 2007 8:00 am
Secretary of State
05-29-2007 90042 010 ***558.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L03237

1. Entity Name
LEISURE SERVICES, INC.

40118691

Principal Place of Business	Mailing Address
3110 BELMAR STREET SUITE 218 FORT LAUDERDALE, FL 33304 US	C/O IVAN A GOMEZ PA 601 BRICKELL KEY DRIVE #507 MIAMI, FL 33131 US

03212007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0134759
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131

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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SANDSTROM, BJORNE
STREET ADDRESS	3110 BELMAR STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	S
NAME	HOLMGREN, CARINA
STREET ADDRESS	3110 BELMAR STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	T
NAME	ELMROTH, KLAS
STREET ADDRESS	401 N. ATLANTIC BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: T Mmm CARINA HOLMGREN, SEC 05/23/2007 305-371-9213
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #