


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90009 039 ****61.25

DOCUMENT # N95000003141 1. Entity Name LEADING LADIES, INC.					
Principal Place of Business 1135 103 ST (GI) MIAMI, FL 33154			Mailing Address 1135 103 ST (GI) MIAMI, FL 33154 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRIEDMAN, BARRY S 4800 N. FEDERAL HIGHWAY SUITE 300D BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASTON, RACHELL	NAME			
STREET ADDRESS	911 NW 203RD ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SILVER, CHEENA D	NAME			
STREET ADDRESS	8927 FROVDE AVENUE	STREET ADDRESS			
CITY-ST-ZIP	SURFSIDE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASINO, CANDI	NAME			
STREET ADDRESS	19511 N.E. 19TH CT.	STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH, FL 33179	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLUCK, BEVERLEE	NAME	1135 103RD ST. 'HG-1		
STREET ADDRESS	1135 103RD ST.	STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTTON, NANCY	NAME			
STREET ADDRESS	20308 NE 34TH COURT	STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAPIN, DIANE	NAME			
STREET ADDRESS	3800 S. OCEAN DRIVE #609	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP			
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 617, 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: <u>Beverlee Gluck - BEVERLEE GLUCK</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/28/04</u> <u>305-861-0390</u> <small>Date Daytime Phone #</small>			