2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # N9500 1. Entity Name LEADING LADIES, INC.			
Principal Place of Business	Mailing Address		
1135 103 ST (GI)	1135 103 ST (GI)		
MIAMI, FL 33154 _	MIAMI, FL 33154	US	



DO NOT WRITE IN THIS SPACE

03152005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0594886 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

I, BARRY S	

6. Name and Address of Current Registered Agent

FRIEDMAN, BARRY S 4800 N. FEDERAL HIGHWAY SUITE 300D BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

	named <u>entity</u> submits this statement for the plans of registered agent.	ourpose of changing its registered office	or registered agent, or bo	5th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and tallo	il applicable (NDTE Regislered Agent sig	nature required when reinstating?	DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTON, RACHELL 911 NW 203RD ST MIAMI, FL			1.6%\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, CHEENA D 8927 FROVDE AVENUE SURFSIDE, FL			U10000356332 05/04/05-80030-020 150.00		
TITLE NAME STREET AODRESS CITY-ST-ZIP	D CASINO, CANDI 19511 N.E. 19TH CT. N MIAMI BEACH, FL 33179		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLUCK, BEVERLEE 1135 103RD ST HG -1 BAY HARBOR ISLANDS, FL		IN	THIS SPACE		
TIFLE NAME STREET ADDRESS CITY+ST-ZIP	D SUTTON, NANCY 20308 NE 34TH COURT AVENTURA, FL 33180	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAPIN, DIANE 3800 S, OCEAN DRIVE #609					

12. I hereby certify that the information supplied with this filling 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 per 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 units an address, with all other life empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #