

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005408

FILED
Apr 29, 2004
Secretary of State

Entity Name: CHERRE-LEADS PROPERTIES, INC.

Current Principal Place of Business:

3600 S. STATE RD. 7, #45
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

3600 S. STATE RD. 7, #45
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 65-0974459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESEKIE, MATTHEW
611 NW 78TH AVE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

ESEKIE, MATTHEW
51 NE 210 STREET
MIAMI, FL 33179 US

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: ESEKIE MATTHEW

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ESEKIE, MATTHEW O
Address: 611 N.W. 78TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V () Delete
Name: ESEKIE, KHENITA M
Address: 611 NW 78TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: MATTHEW ESEKIE

PSD

04/29/2004

Electronic Signature of Signing Officer or Director

Date