


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90012 004 ***150.00

DOCUMENT # P00000036121 1. Entity Name LEADER INTERNATIONAL ANTIQUES, INC.					
Principal Place of Business ATTN: AYMAN RAMADAN 4017 S DALE MABRY HWY TAMPA, FL 33611			Mailing Address ATTN: AYMAN RAMADAN 4017 S DALE MABRY HWY TAMPA, FL 33611		
2. Principal Place of Business 4302 E. 10th Ave. Suite, Apt. #, etc. Unit 402		3. Mailing Address 4302 E. 10th Ave. Suite, Apt. #, etc. Unit 402			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3650254	
Zip 33605		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMADAN, AYMAN 4017 SOUTH DALE MABRY HWY TAMPA, FL 33611				7. Name and Address of New Registered Agent Name Ramadan, Ayman Street Address (P.O. Box Number is Not Acceptable) 4302 E. 10th Ave. Unit 402 City Tampa FL Zip Code 33605	
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMADAN, AYMAN 4747 WEST WATERS AVENUE APT 2408 TAMPA, FL 33614		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>AYMAN R</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/28/06</u> <small>Date</small>		
<small>Daytime Phone #</small>					