

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90030 018 ***150.00

DOCUMENT # P00000055620 1. Entity Name LEADERSHIP INSTITUTE OF THE AMERICAS, INC.	
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Principal Place of Business 5700 SW 97 ST. PINECREST, FL 33156	Mailing Address 5700 SW 97TH ST. PINECREST, FL 33156
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DO NOT WRITE IN THIS SPACE



04302005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1110457	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE RAMON
275 FOUNTAINEBLEAU BLVD., STE. 135
MIAMI, FL 33172

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IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and filed if applicable (If CTS Registered Agent signature required when filing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	D RODRIGUEZ, ARMANDO R 5700 SW 97 ST. PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D HERNANDEZ, PEDRO A 4773 S.W. 143RD. CT. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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IN THIS SPACE**

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 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 I am empowered.

SIGNATURE: Armando R. Rodriguez - Armando R. Rodriguez 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Diverse Phone #