

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90055 046 ***150.00

DOCUMENT # P01000020858

1. Entity Name
DR. LEO INTERNATIONAL, INC.



Principal Place of Business
**3472 NW 47 AVENUE
COCONUT CREEK, FL 33063**

Mailing Address
**3472 NW 47 AVENUE
COCONUT CREEK, FL 33063**

24051000

2. Principal Place of Business
4960 E. SABAL PALM BLVD.

3. Mailing Address
4960 E. SABAL PALM BLVD.

Suite, Apt. #, etc.
TAMARAC APT. 401

City & State
TAMARAC, FL

Zip
33319

Country
BROWARD



03202004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1081094

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LILIENTSTEIN, DIANE
3472 NW 47 AVENUE
COCONUT CREEK, FL 33063

7. Name and Address of New Registered Agent

Name
DIANE STESS-KIRSCHNER

Street Address (P.O. Box Number is Not Acceptable)
4960 E. SABAL PALM BLVD.

Apt. 401

City
TAMARAC

FL

Zip Code
33319

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 **Diane Stess-Kirschner** DATE **4/2/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PD LILIENTSTEIN, DIANE 3472 NW 47 AVENUE COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIANE STESS-KIRSCHNER 4960 E. SABAL PALM BLVD. - APT. 401 TAMARAC, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIRSCHNER, EUGENE H 3472 NW 47 AVENUE COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EUGENE H. KIRSCHNER 4960 E. SABAL PALM BLVD. - APT. 401 TAMARAC, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: **Eugene H. Kirschner, VPD** DATE: **4/2/04** DAYTIME PHONE: **954 956 9090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR