FILED Apr 08, 2004 8:00 am

DOCUMENT # P01000020858 1. Enlity Name DR. LEO INTERNATIONAL, INC. Principal Place of Business 3472 NW 47 AVENUE COCONUT EREEK, FL 33063 24031300 2. Principal Place of Business 4360 E SABAL PALM BLVD. 3. Mailing Address 4360 E SABAL PALM BLVD.	
Principal Place of Business 3472 NW 47 AVENUE COCONUL EREEK, FL 33063 Mailing Address 3472 NW 97 AVENUE COCONUL EREEK, FL 33063	
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2. Principal Place of Business 4960 E SABAL PALM BLVD 4960 E SABAL PALM BLVD	
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Suite Apt. #, etc. TAMAPAR APT, 401 Suite Apt. #, etc. 401 03202004 Chg-P CR2E034 (10/03)	
TAMARAC 3 FL City & State TAMARAC 3 FL 65-1081094 Not Applied	olicable
37319 BROWARD 33319 BROWARD 5. Certificate of Status Desired	ıl
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
LILIENSTEIN, DIANE 3472 NW 47 AVENUE Street Address (P.D. Box Number is Not Apoptable) D.	
COCONUT CREEK, FL 33063	
APT. 401 City TAMARAC FL Zycoge 3/	· · ·
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 Ismiliar with, and	accept
the obligations of registered ident.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	-5
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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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chaptor 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.

egove H Lissekies VPD
SIGNATURE AND TYPED ORDERING HAME OF SIGNING OFFICER OR DIRECTOR 9549569090 Daytime Phone #