

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90005 017 ***150.00

DOCUMENT # 701000036803

Entity Name

Leonard Graham, Inc.

DO NOT WRITE IN THIS SPACE

972584

Principal Place of Business
3280 N.E. 46th Ave.
Suite, Apt. #, etc.

3. Mailing Address
3280 N.E. 46th Ave.
Suite, Apt. #, etc.

City & State
Lauderdale Lakes, FL.
Zip
33319
Country
U.S.A

City & State
Lauderdale Lakes, FL.
Zip
33319
Country
U.S.A

4. FEI Number
65-1093788

Applied For
Not Applicable

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

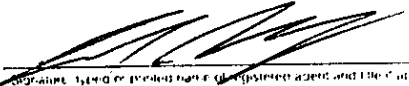
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Joseph K. Nofil, P.A.
Street Address (If P.O. Box Number, Not Acceptable)
3284 North State Road 7
City Lauderdale Lakes 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.

SIGNATURE  DATE 4/30/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

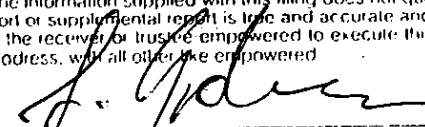
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.S.T Leonard Graham 3280 N.E. 46 th Ave. Lauderdale Lakes, Florida 33319	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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered

SIGNATURE:  DATE 4/30/02