

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010179

Entity Name: THE LEISURE PROS, INC.

FILED  
Mar 25, 2005  
Secretary of State

## Current Principal Place of Business:

5881 N.W. 151 STREET  
SUITE 125  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

5881 N.W. 151 ST  
SUITE 125  
MIAMI LAKES, FL 33014

## Current Mailing Address:

5881 N.W. 151 STREET  
SUITE 125  
MIAMI LAKES, FL 33014

## New Mailing Address:

5881 N.W. 151 ST  
SUITE 125  
MIAMI LAKES, FL 33014

FEI Number: 03-0386406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FISCHMAN, BRUCE D ESQ.  
3050 BISCAYNE BOULEVARD  
SUITE 600  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

FISCHMAN, BRUCE D ESQ.  
3050 BISCAYNE BLVD  
SUITE 600  
MIAMI, FL 33137 US

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:

03/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: CHIRON, STEWART  
Address: 5881 N.W. 151 STREET SUITE 125  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CHIRON, STEWART  
Address: 5881 N.W. 151 ST SUITE 125  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEWART CHIRON

PSTD

03/25/2005

Electronic Signature of Signing Officer or Director

Date