2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90326 006 ***150.00

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1. Entity Name
LEDER GROUP #2, INC.

50037745

Principal Place of Business	Mailing Address
C/O LEDER GORUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487	C/O LEDER GORUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487

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03112005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0136593
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ
SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVENUE SUITE 2400
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEDER, SAMUEL E
STREET ADDRESS	6530 WEST ROGERS CIRCLE SUITE 31
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	LEDER, SEAN M
STREET ADDRESS	6530 WEST ROGERS CIRCLE SUITE 31
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	LEDER, RHONNIE
STREET ADDRESS	6530 WEST ROGERS CIRCLE SUITE 31
CITY-ST-ZIP	BOCA RATON, FL 33487
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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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: SAMUEL E. LEDER 4/15/05 561-995-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #