

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000078473

1. Entity Name
LEDER GROUP #2, INC.



Principal Place of Business

**C/O LEDER GORUP INVESTMENT PROPERTIES
6530 WEST ROGERS CIRCLE SUITE 31
BOCA RATON, FL 33487**

Mailing Address

**C/O LEDER GORUP INVESTMENT PROPERTIES
6530 WEST ROGERS CIRCLE SUITE 31
BOCA RATON, FL 33487**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0136593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000644613
03/02/07-80049-022 150.00

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SAMUEL E LEDER

561-995-7878