


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90044 011 \*\*\*158.75

<b>DOCUMENT # P02000090378</b>	
1. Entity Name <b>LEADCOM INC.</b>	

Principal Place of Business <b>1048 NW 116 AVE CORAL SPRINGS, FL 33071</b>	Mailing Address <b>PO BOX 771028 CORAL SPRINGS, FL 33077-1028</b>
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**24028040**



2. Principal Place of Business <b>2645 EXECUTIVE PARK DR</b>	3. Mailing Address <b>2645 EXECUTIVE PARK DR</b>
Suite, Apt. #, etc. <b>127</b>	Suite, Apt. #, etc. <b>127</b>

03172004 Chg-P CR2E034 (10/03)

City & State <b>WESTON FLORIDA</b>	City & State <b>WESTON FLORIDA</b>
Zip <b>33331</b>	Country
Zip <b>33331</b>	Country

4. FEI Number <b>33-1020172</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CENTENO, ROBERTO 1048 NW 116 AVE CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>SERGIO F. BROK</b> Street Address (P.O. Box Number is Not Acceptable) <b>346 NW 118TH AVE</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33071</b>	
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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 *SERGIO F. BROK* **SERGIO F. BROK** 3/20/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CENTENO, ROBERTO</b> <b>PO BOX 771028</b> <b>CORAL SPRINGS, FL 33077</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>URI DOTAN</b> <b>2645 EXECUTIVE PARK DR #127</b> <b>WESTON FL 33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CENTENO, ROSEMARY</b> <b>PO BOX 771028</b> <b>CORAL SPRINGS, FL 33077</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, SECRETARY &amp; TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>STEVEN SENTER</b> <b>2645 EXECUTIVE PARK DR #127</b> <b>WESTON FL 33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven Senter* **Steven Senter** 2/19/04 1-954-3851620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #