


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90827 024 \*\*\*150.00

<b>DOCUMENT # P02000132376</b> 1. Entity Name <b>LEDA-COM-SYSTEMS, INC.</b>						
Principal Place of Business <b>1637 N.W. 38TH AVE LAUDERHILL, FL 33311</b>				Mailing Address <b>1637 N.W. 38TH AVE LAUDERHILL, FL 33311</b>		
2. Principal Place of Business - No P.O. Box # <b>3278 Poshbuckee Blvd</b>		3. Mailing Address <b>5337 N. SOCRUM LOOP RD SUITE 181</b>				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State <b>LAKELAND FL</b>		City & State <b>LAKELAND FL 33809</b>		4. FEI Number <b>33-1040521</b>		
Zip <b>33810</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04232007 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent  <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, LEAFORD 4851 NW 7TH ST PLANTATION, FL 333171409		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEAFORD LEVY 3278 Poshbuckee Blvd LAKELAND FL 33810	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Leaford Levy</u> <span style="float: right;">4/26/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						