

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90409 028 \*\*\*150.00

<b>DOCUMENT # P03000011692</b> 1. Entity Name <b>LAW OFFICES OF COREY LEIFER, P.A.</b>																													
Principal Place of Business <b>370 W CAMINO GARDENS BLVD. STE. 300 BOCA RATON, FL 33432</b>			Mailing Address <b>370 W CAMINO GARDENS BLVD. STE. 300 BOCA RATON, FL 33432</b>																										
2. Principal Place of Business <i>New</i> <b>980 North Federal Highway Suite 309 Boca Raton, FL 33432</b>			3. Mailing Address <i>New</i> <b>980 North Federal Highway Suite 309 Boca Raton, FL 33432</b>																										
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Zip <b>33432</b>			Zip <b>33432</b>																										
Country <b>USA</b>			Country <b>U.S.A</b>																										
4. FEI Number <b>51-0455373</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent <b>LEIFER, COREY 370 W CAMINO GARDENS BLVD. STE. 300 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>Corey Leifer</b> Street Address (P.O. Box Number is Not Acceptable) <b>980 North Federal Highway Ste. 309 Boca Raton FL 33432</b>																										
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 resigning.)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEIFER, COREY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7200 NW 2ND AVENUE, SUITE #18</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33487</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	LEIFER, COREY		STREET ADDRESS	7200 NW 2ND AVENUE, SUITE #18		CITY-ST-ZIP	BOCA RATON, FL 33487		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Corey Leifer</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Corey Leifer</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>980 North Federal Highway Ste. 309</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Boca Raton, FL 33432</td> <td></td> </tr> </table>			TITLE	Corey Leifer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Corey Leifer		STREET ADDRESS	980 North Federal Highway Ste. 309		CITY-ST-ZIP	Boca Raton, FL 33432	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
Date <b>4/19/06</b> Daytime Phone #																													