

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000011692

1. Entity Name
LAW OFFICES OF COREY LEIFER, P.A.



Principal Place of Business
980 NORTH FEDERAL HIGHWAY
SUITE 309
BOCA RATON, FL 33432 US

Mailing Address
980 NORTH FEDERAL HIGHWAY
SUITE 309
BOCA RATON, FL 33432 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

LEIFER, COREY
980 NORTH FEDERAL HIGHWAY
STE. 309
BOCA RATON, FL 33432

04092008 Chg-P CR2E034 (12/06)

4. FEI Number
51-0455373 Applied For
Not Applicable

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

40086250



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2008 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 Delete
NAME LEIFER, COREY
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, STE. 309
CITY-ST-ZIP BOCA RATON, FL 33432

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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

8/23/08

Date

581 395-8055
Daytime Phone #