


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90002 021 ***158.75

DOCUMENT # P03000043948 1. Entity Name OFFICELEAP, INC.					
Principal Place of Business 12795 SW 54 STREET MIRAMAR, FL 33027 US			Mailing Address 12795 SW 54 STREET MIRAMAR, FL 33027		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number 37-1465684	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent TOUSSAINT, JOHANNE 45 SW 20 ROAD MIAMI, FL 33129			7. Name and Address of New Registered Agent Name: Johanne Toussaint Street Address (P.O. Box Number is Not Acceptable) 500 NE 155 Terrace City: North Miami Beach FL Zip Code: 33162		
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: <u>Johanne Toussaint</u> Johanne Toussaint 2-4-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYPPOLITE, SERGE 12795 SW 54 STREET MIRAMAR, FL 33027	<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	VP TOUSSAINT, JOHANNE 45 SW 20 ROAD MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Toussaint, Johanne 500 NE 155 Terrace North Miami Beach, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO JEAN-BAPTISTE, RICHARD 5525 SW 41 STREET #107 PEMBROKE PARK, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jean-Baptiste, Richard 5525 SW 41 Street #107 Pembroke Park, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO TOUSSAINT, STEEVE R 3420 DOUGLAS ROAD #302 MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Toussaint, Roland Steeve 500 NE 155 Terrace North Miami Beach, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP F ETIENNE, KEVIN 14725 NW 8 AVENUE MIAMI, FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Etienne, Kevin 14725 NW 8 Avenue Miami, FL 33168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP M HYPPOLITE, IRENE 12795 SW 54 STREET MIRAMAR, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hyppolite, Irene 12795 SW 54 Street Miramor, FL 33027	
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: <u>Johanne Toussaint</u> Johanne Toussaint			2-4-04		786-556-3646
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>