

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1465684

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOUSSAINT, JOHANNE
500 NE 155 TERRACE
NORTH MIAMI BEACH, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HYPPOLITE, SERGE
STREET ADDRESS	12795 SW 54 STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	V
NAME	TOUSSAINT, JOHANNE
STREET ADDRESS	500 NE 155 TERR
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	V
NAME	JEAN-BAPTISTE, RICHARD
STREET ADDRESS	5525 SW 41 STREET #107
CITY-ST-ZIP	PEMBROKE PARK, FL 33023
TITLE	V
NAME	TOUSSAINT, ROLAND STEEVE
STREET ADDRESS	500 NE 155 TERR
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	V
NAME	ETIENNE, KEVIN
STREET ADDRESS	14725 NW 8 AVENUE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	V
NAME	HYPPOLITE, IRENE
STREET ADDRESS	12795 SW 54 STREET
CITY-ST-ZIP	MIRAMAR, FL 33027

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05/04/05-80083-008 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Johanne Toussaint **Johanne Toussaint**

4-26-05
Date

786-556-3646
Daytime Phone #