2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
04-16-2004 90064 003 ***158.75

DOCUMENT # P03000059273

1. Entity Name
LEAD SOURCE CORP

66419116

Principal Place of Business	Mailing Address
4613 N UNIVERSITY DRIVE #437 CORAL SPRINGS., FL 33067 US	4613 N UNIVERSITY DRIVE #437 CORAL SPRINGS., FL 33067 US

04112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 4613 N. University Dr. #437
Suite, Apt. #, etc.
City & State: Coral Springs FL
Zip: 33067 Country:

3. Mailing Address: 4613 N. University Dr. #437
Suite, Apt. #, etc.
City & State: Coral Springs FL
Zip: 33067 Country:

4. FEI Number: 54-2111879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REITER, AMANDA
3472 NW 112TH WAY
CORAL SPRINGS, FL 33065

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	President / Amanda Sierra-Reiter / 4613 N. University Dr. #437 / Coral Springs FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] Amanda Sierra Reiter President 4-14-04 954-7529018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #