

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	

Principal Place of Business 4613 N UNIVERSITY DRIVE #437 CORAL SPRINGS, FL 33067 US	Mailing Address 4613 N UNIVERSITY DRIVE #437 CORAL SPRINGS, FL 33067 US
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66419116



2. Principal Place of Business 4613 N. University Dr. #437	3. Mailing Address 4613 N. University Dr. #437
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04112004 Chg-P CR2E034 (10/03)

City & State Coral Springs FL	City & State Coral Springs FL
Zip 33067	Zip 33067
Country	Country

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

5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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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	
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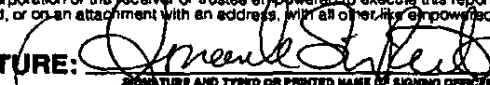
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 filers empowered.

SIGNATURE: 	Amanda Sierra-Reiter President 4-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #