

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078039

FILED
Apr 29, 2005
Secretary of State

Entity Name: LEADERSHIP SOUTH FLORIDA, INC.

Current Principal Place of Business:

1070 S.W. 55TH AVE
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

1070 S.W. 55TH AVE
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, SONIA T
1070 S.W. 55TH AVE.
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: BRYAN, NOEL W
Address: 2901 S.W. 3RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VP, D () Delete
Name: DAVIDSON, MARSHANN
Address: 3331 N.W. 86TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T, D () Delete
Name: WATSON, SONIA T
Address: 1070 S.W. 55TH AVE
City-St-Zip: MARGATE, FL 333068 US

Title: S, D () Delete
Name: BRYAN, HAZEL E
Address: 2901 S.W. 3RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL BRYAN

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date