## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000151891

Entity Name: LEONARD GARDENS, INC.

FILED Jun 19, 2009 Secretary of State

Entity Name: Leonard Ga	RDENS, INC.				
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
4519 FLATLANDS AVE BROOKLYN, NY 11234			2001 S.E. HEATHWOOD CIRCLE PORT ST. LUCIE, FL 34952		
Current Mailing Address:		New Maili	New Mailing Address:		
4519 FLATLANDS AVE BROOKLYN, NY 11234			2001 S.E. HEATHWOOD CIRCLE PORT ST. LUCIE, FL 34952		
FEI Number: 73-1705459 FEI	Number Applied For()	FEI Number Not Appl	licable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
SORZANO, CYNTHIA 1301 SE STARKLAKE CT PORT ST LUCIE, FL 34952	US				
The above named entity submi n the State of Florida.	ts this statement for the p	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent		ent	Date		
n accordance with s. 607.193(2)(b) Election Campaign Financing Trust		ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: D ( ) Delete Name: MARTIN, SHERMAN Address: 4519 FLATLAND AVE City-St-Zip: BROOKLYN, NY 1123 Title: ( ) Delete Name: Address: City-St-Zip:	34	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MARTIN, SH 2001 S.E. HI PORT ST. LI	EATHWOOD CIRCLE UCIE, FL 34952 ( ) Change (X) Addition RIEL ANDS AVE	
Title: ( ) Delete Name: Address: City-St-Zip:	•	Title: Name: Address: City-St-Zip:	D MARTIN, SIN 51 HERKIME BROOKLYN	ER STREET	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHERMAN MARTIN D 06/19/2009