

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000046168

1. Entity Name
DOCTOR LEATHER, INC



Principal Place of Business
3967 COCOPLUM CIRCLE, UNIT F
COCONUT CREEK, FL 33063

Mailing Address

3967 COCOPLUM CIRCLE, UNIT F
COCONUT CREEK, FL 33063

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

MARAIS, ANDRE
400 VIA LUGANO CIRCLE, #202
BOYNTON BEACH, FL 33436

Name *ANONE MARAIS*

Street Address (P.O. Box Number is Not Acceptable)

3580 COCOPLUM CIRCLE

City *COCONUT CREEK* FL Zip Code *33063*

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)

4/20/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MARAIS, CHRISTIANN H
STREET ADDRESS 3967 COCOPLUM CIRCLE, UNIT F
CITY-ST-ZIP COCONUT CREEK, FL 33063

Delete

PRESIDENT
CHRISTIAAN MARAIS
3967 COCOPLUM CIRCLE UNIT F
COCONUT CREEK, FL 33063

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

VICE PRESIDENT
CHRISTINA MARAIS
3967 COCOPLUM CIRCLE UNIT F
COCONUT CREEK, FL 33063

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 like empowered.

SIGNATURE:

PRESIDENT

4/20/05

954-658-3802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90299 022 ***150.00