

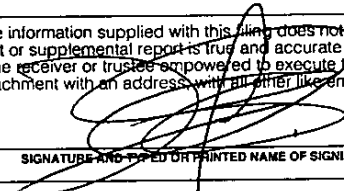


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90488 009 ***150.00

DOCUMENT # P04000078427					
1. Entity Name LEADER GROUP CO.					
Principal Place of Business 1290 WESTON RD - STE 306-F8 WESTON, FL 33326			Mailing Address 1290 WESTON RD - STE 306-F8 WESTON, FL 33326		
2. Principal Place of Business 227 LAKE VIEW DR.		3. Mailing Address 227 LAKE VIEW DR.			
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103			
City & State WESTON, FL		City & State WESTON, FL			
Zip 33326		Country BROWARD			
4. FEI Number 20-1129057		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GB CONSULTANTS 1290 WESTON RD - STE 306 WESTON, FL 33326			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD UZCATEGUI, JOSE OSWALDO <input type="checkbox"/> Delete 1290 WESTON RD - STE 306-F8 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD UZCATEGUI, JOSE OSWALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 227 LAKE VIEW DR. 103 WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MARQUEZ, KATIUSKA <input type="checkbox"/> Delete 1290 WESTON RD - STE 306-F8 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MARQUEZ, KATIUSKA <input type="checkbox"/> Change <input type="checkbox"/> Addition 227 LAKE VIEW DR. 103 WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 04/26/05 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					