


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90030 012 ***150.00

DOCUMENT # P04000078427 1. Entity Name LEADER GROUP CO.					
Principal Place of Business 227 LAKE VIEW DR APT 103 WESTON, FL 33326			Mailing Address 227 LAKE VIEW DR. APT 103 WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 1112 WESTON Rd.		3. Mailing Address 1112 WESTON Rd			
Suite, Apt. #, etc. SUITE 176		Suite, Apt. #, etc. SUITE 176			
City & State WESTON FL		City & State WESTON FL			
Zip 33326		Country USA		Zip 33326	
Country USA		4. FEI Number 20-1129057			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOSE OSWALDO UZCATEGUI 290 SAIRWAY CIR WESTON, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 290 FAIRWAY CIR City WESTON, FL 33326 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, 2008 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 290 SAIRWAY CIR WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY - ST - ZIP	290 FAIRWAY CIR WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD UZCATEGUI, OSWALDO J 290 SAIRWAY CIR WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY - ST - ZIP	290 FAIRWAY CIR WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			02/16/08 Date Daytime Phone #		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					