

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

08-15-2005 90080 013 ***558.75

DOCUMENT # P04000086585																																																																																																																													
1. Entity Name LEANING PLACE INC.																																																																																																																													
Principal Place of Business 14310 LEANING PINE DR. MIAMI LAKES, FL 33014			Mailing Address 14310 LEANING PINE DR. MIAMI LAKES, FL 33014																																																																																																																										
2. Principal Place of Business 14310 Leaning Pine Dr. Suite, Apt. #, etc. House		3. Mailing Address 14310 Leaning Pine Dr. Suite, Apt. #, etc. house		66026952 																																																																																																																									
City & State Miami Lakes, FL		City & State Miami Lakes Florida		4. FEI Number 38-3703147																																																																																																																									
Zip 33014		Country Dade		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent ZAMBRANO, ROSA MS. 14310 LEANING PINE DR. MIAMI LAKES, FL 33014				7. Name and Address of New Registered Agent Name: <u>Rosa Zambrano</u> Street Address (P.O. Box Number is Not Acceptable): <u>14310 Leaning Pine Dr.</u> City: <u>miami lakes, FL</u> Zip Code: <u>33014</u>																																																																																																																									
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: <u>Rosa Zambrano</u> DATE: <u>August 30 - 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ZAMBRANO, ROSA MS.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>14310 LEANING PINE DR. MIAMI LAKES, FL 33014</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	ZAMBRANO, ROSA MS.		STREET ADDRESS			CITY-ST-ZIP	14310 LEANING PINE DR. MIAMI LAKES, FL 33014		CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>Rosa Zambrano</u> <u>Rosa Zambrano</u> <u>8-30-05</u> <u>305-558-6399</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													



ATTACHMENT
Division of Corporations
66026952
2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P04000086585
Business Entity Name	LEANING PLACE INC.
Original File Date	06/30/2004

FEI Number

Principal Address 14310 LEANING PINE DR.
MIAMI LAKES, FL 33014

Mailing Address 14310 LEANING PINE DR.
MIAMI LAKES, FL 33014

Registered Agent MS. ROSA ZAMBRANO
14310 LEANING PINE DR.
MIAMI LAKES, FL 33014 US

Officer/Director Name And Address

P
MS. ROSA ZAMBRANO
14310 LEANING PINE DR.
MIAMI LAKES, FL 33014

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

Continue

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ATTACHMENT

Washington Mutual

August 23, 2005

ROSA ZAMBRANO
14310 LEANING PINE DR
MIAMI LAKES, FL 33014-2517



Re: Resolution Notification
Check Card Transaction Dispute Claim#:050816885

Dear Washington Mutual Customer: ---

Washington Mutual Bank has completed the investigation of your claim of error.

We have determined that an error did occur on your account. Accordingly, the credit made to your account by the merchant on July 13, 2005 represents the settlement of your claim.

If you have any questions, please call 818-775-4915 and ask for me. If I am not available another member of our staff can assist you. Our department hours are Monday through Friday 6 a.m. to 6 p.m. Pacific time. You may also call us toll-free at 800-788-7000 and ask to be connected to Check Card Services at 818-775-4915. Our Telephone Bankers will connect your call at no charge.

Sincerely,

Oscar Ramirez

Oscar Ramirez
Check Card Services
Electronic Banking

800 827 4933

Check Card Services
P.O. Box 1159
Northridge, CA 91324

