

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-02-2005 90030 030 ***150.00

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1. Entity Name
LEADLINGS CORPORATION



Principal Place of Business
16900 NORTH BAY ROAD TS2506
SUNNY ISLES BEACH, FL 33160

Mailing Address
16900 NORTH BAY ROAD TS2506
SUNNY ISLES BEACH, FL 33160

50059121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

55-0876323

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME GERCHOW, MATTHEW S
STREET ADDRESS 16900 NORTH BAY ROAD TS2506
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE DVS ☐ Delete
NAME BAILER, HEIKO
STREET ADDRESS 16900 NORTH BAY ROAD TS2506
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS ☒ Change ☐ Addition
NAME Gerchow, Matthew S.
STREET ADDRESS 16900 North Bay Rd, TS 2506
CITY-ST-ZIP Sunny Isles Bch, FL 33160

TITLE DV ☒ Change ☐ Addition
NAME Bailer, Heiko
STREET ADDRESS 16900 North Bay Rd., TS2506
CITY-ST-ZIP Sunny Isles Bch, FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew S. Gerchow, President

7/29/05

Date

786 200 6288

Daytime Phone #