


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90113 012 ***150.00

DOCUMENT # P04000112725 1. Entity Name LESLIQUE DESIGNER FASHIONS, INC.					
Principal Place of Business 1540 S DALE MABRY HWY TAMPA, FL 33629			Mailing Address 1540 S DALE MABRY HWY TAMPA, FL 33629		
2. Principal Place of Business P.O. Box 18786 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa, FL 33629		City & State Tampa, FL 33629		4. FEI Number 51-0517673	
Zip 33629		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLAEPFER, LESLIE S 1540 S DALE MABRY HWY TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Monika L. Schilcher, Esq. Street Address (P.O. Box Number is Not Acceptable) 3110 S. Dale Mabry City TAMPA FL Zip Code 33629		
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 Monika L. Schilcher, Esq. DATE 5/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee \$150.00			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	D SCHLAEPFER, LESLIE S 1540 S DALE MABRY HWY TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 18786 Tampa FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	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: Monika L. Schilcher <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

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