

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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May 02, 2005 8:00 am
Secretary of State

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02112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000143264			
1. Entity Name J.R. LEVERAGING SYSTEM, INC.			
Principal Place of Business 717 EAST OAK STREET KISSIMMEE, FL 34744 US		Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744 US	
2. Principal Place of Business 200 Meres Blvd.		3. Mailing Address	
Suite, Apt. #, etc. Unit 28		Suite, Apt. #, etc.	
City & State Tarpon Springs, FL		City & State	
Zip 34689	Country US	Zip	Country
4. FEI Number 20-1756447		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWART, HARRY J 717 EAST OAK STREET KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Juan C. Rivera Street Address (P.O. Box Number is Not Acceptable) 200 Meres Blvd. Unit 28 City Tarpon Springs, FL Zip Code 34689	
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>Juan C. Rivera</u> DATE: <u>4/29/05</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 \$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 DPST RIVERA, JUAN C	<input type="checkbox"/> Delete	TITLE-NAME VPD Michelle Rivera	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 717 EAST OAK STREET		STREET ADDRESS 200 Meres Blvd. Unit 28	
CITY-ST-ZIP KISSIMMEE, FL 34744		CITY-ST-ZIP Tarpon Springs, FL 34689	
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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: <u>Juan C. Rivera</u>		Date: <u>4/29/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	