2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021719

Entity Name: LEIBOWITZ 1600, INC.

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

7000 NE 4TH CT MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

7000 NE 4TH CT MIAMI, FL 33138

FEI Number: 20-2370885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRUTE, MELVYN ESQ

1090 KANE CONCOURSE

STE 202

BAY HARBOR ISLAND, FL 33154 US

LEIBOWITZ, BURT
7000 NE 4TH COURT
MIAMI, FL 33138 US

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.

SIGNATURE: BURT LEIBOWITZ 01/06/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 LEIBOWITZ, LOUIS
 Name:
 LEIBOWITZ, LOUIS

 Address:
 7000 NE 4TH CT
 Address:
 7000 NE 4TH CT

Address: 7000 NE 4TH CT Address: 7000 NE 4TH CT City-St-Zip: MIAMI, FL 33138 City-St-Zip: MIAMI, FL 33138

Title: () Delete Title: S () Change (X) Addition Name: LEIBOWITZ, BURT

 Name:
 Name:
 LEIBOWITZ, BURT

 Address:
 Address:
 7000 NE 4TH COURT

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33138 US

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 LEIBOWITZ, KAREN

 Address:
 Address:
 7000 NE 4TH COURT

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BURT LEIBOWITZ S 01/06/2006