

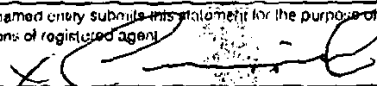
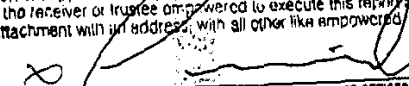
MAR-17-2007 21:47 From:

14073890347

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90088 029 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000053287					
1. Entity Name THE LEDERMANS CORPORATION					
Principal Place of Business 120 BONAVENTURE BLVD #205 WESTON, FL 33324			Mailing Address 120 BONAVENTURE BLVD #205 WESTON, FL 33324		
2. Principal Place of Business - No P.O. Box # 4234 SABAL RIDGE Suite, Apt. #, etc. CIRCLE WESTON			3. Mailing Address 4234 SABAL RIDGE Suite, Apt. #, etc. CIRCLE -		
City & State FL		City & State WESTON		4. FRI Number APPLIED FOR 201035185	
Zip 33331		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, S. 579 LAKESIDE CIR WESTON, FL 33326				7. Name and Address of New Registered Agent Name HE TAX Investment Street Address (P.O. Box Number is Not Acceptable) 7758 NW 44TH City SUNRISE FL Zip Code 33351	
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  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	☒ Delete		TITLE	☐ Change ☐ Addition
NAME	MALDOMADO, FRANCIA			NAME	
STREET ADDRESS	120 BONAVENTURE BLVD #205			STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33324			CITY-ST-ZIP	
TITLE	V	☐ Delete		TITLE	☒ Change ☐ Addition
NAME	GOMEZ, CAMILO			NAME	President
STREET ADDRESS	120 BONAVENTURE BLVD #205			STREET ADDRESS	GOMEZ CAMILO
CITY-ST-ZIP	WESTON, FL 33324			CITY-ST-ZIP	4234 SABAL RIDGE
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	CIRCLE WESTON
STREET ADDRESS				STREET ADDRESS	FL 33331
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied in this filing does not qualify for the exemption contained 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 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: 				04-28-07 Date Daytime Phone #	

40100596

20-1035185



04302007 Chg-P CR2E034 (12/06)