## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P05000104684**

CARMEN LYDIA LEONARD, P.A.



FILED May 02, 2008 08:00 Al Secretary of State

Principal Place of Business

1717 N BAYSHORE DR - # 4046

MIAMI, FL 33132

Mailing Address

1717 N BAYSHORE DR - # 4046 MIAMI, FL 33132

## DO NOT WRITE IN THIS SPACE

04282008

No Chg-P

CR2E034 (11/05)

4, FEI Number 20-3231418

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, CARMEN L . 1717 N BAYSHORE DR - # 4046 MIAMI, FL 33132

## DO NOT WRITE

·			IN THIS SPACE			
the obligat	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	d office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and	accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	if applicable (NOTE: Registered	Agent aignature	required when reinstating)	DATE	_ :
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	000000945659 05/30/08-80017-008 150.0	.O
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEONARD, CARMEN L 1717 N BAYSHORE DR - # 4046 MIAMI, FL 33132					
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TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: \_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRESTED NAME OF SIGNING OFFICER OR DIRECTOR