

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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P05000106714

FILED

2006 OCT 30 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000106714

1. Entity Name
LEAH MERLEE, CORP.



Principal Place of Business
6235 NW 53RD CIRCLE
CORAL SPRINGS, FL 33067

Mailing Address
6235 NW 53RD CIRCLE
CORAL SPRINGS, FL 33067

60032983
REINSTATEMENT

2. Principal Place of Business
State, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
State, Apt. #, etc.
City & State
Zip Country

03092006 Chg-P CR2E034 (11/05)

4. FEI Number
55-0900921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ABBONDANZA, DAWN
6235 NW 53RD CIRCLE
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee will be \$350.00

9. Election Campaign Financing: ☐ \$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 ABBONDANZA, DAWN 6235 NW 53RD CIRCLE CORAL SPRINGS, FL 33067 <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 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 lines empowered.

SIGNATURE: Dawn Abbondanza 3/14/06 561-866-1839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/31/06



October 24, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find a copy of my \$150.00 check for my annual renewal of my corporation, Leah Merlee, Corp, which was cashed in May 2006. In addition, I have enclosed the 2006 For Profit Corporation Reinstatement form, Document #P05000106714.

I am requesting the reinstatement fee be waived because I did not receive the subsequent notice requesting additional information which was my FEI Number. Enclosed is the completed document including my FEI number.

Please let me know if there is any additional information needed.

Very Truly Yours,

Dawn Abbondanza
President
Leah Merlee, Corp.

Enclosure(s)