2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000143855

LEAVES OF CHANGE, INC.

FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

6015 SW 94 AVENUE MIAMI, FL 33173 US Mailing Address

6015 SW 94 AVENUE MIAMI, FL 33173 US



DO NOT WRITE IN THIS SPACE

04242007	No Chg-P	CR2E034 (11/05
J4242UU <i>i</i>	NO City-1"	CINZE007 (11700

4. FEI Number			Applied For
20-3704669		[]	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRIOSO-MESA, MAUREEN 6015 SW 94 AVENUE MIAMI, FL 33173

SIGNATURE: _

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the obligations of registered agent.						
SIGNATURE Signature. (your or printed name of registered agent and title if applicable (NOTE Registered Agent argneture required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000740965 05/15/07-80010-014 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIOSO-MESA, MAUREEN 6015 SW 94 AVENUE MIAMI, FL 33173					
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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