


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90002 027 \*\*\*150.00

DOCUMENT # P06000052598			
1. Entity Name BETH LEEDS R.E., INC.			
Principal Place of Business 20261 WEST OAK HAVEN CIRCLE NORTH MIAMI BEACH, FL 33179		Mailing Address 20261 WEST OAK HAVEN CIRCLE NORTH MIAMI BEACH, FL 33179	
2. Principal Place of Business - No P.O. Box #27A 19707 TURNBERRY WAY		3. Mailing Address 19707	
Suite, Apt. #, etc. 27A		Suite, Apt. #, etc. 27A	
City & State Aventura, FL		City & State Aventura, FL	
4. FEI Number 20-4716066		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08262007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LEEDS, ELIZABETH 20261 WEST OAK HAVEN CIRCLE NORTH MIAMI BEACH, FL 33179		7. Name and Address of New Registered Agent Name LEEDS, Elizabeth Street Address (P.O. Box Number is Not Acceptable) 19707 TURNBERRY WAY Apt 27A City Aventura FL Zip Code 33180	
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 <i>Elizabeth A. Leeds</i>		DATE 8/26/07	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEEDS, ELIZABETH 20261 WEST OAK HAVEN CIRCLE NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEEDS 19707 TURNBERRY WAY Apt. 27A Aventura, FL. 33180 <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 like empowered.			
SIGNATURE: <i>Elizabeth A. Leeds</i>		DATE: 8/26/07. 305-494-7923	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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