
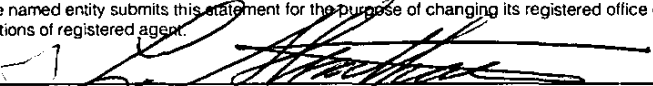
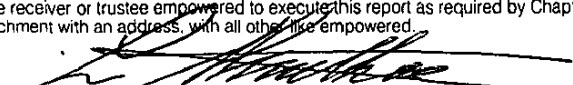


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90025 034 ***150.00

DOCUMENT # P06000136607					
1. Entity Name LEO STERNTHAL, INC.					
Principal Place of Business 13790 S.W. 56 STREET B MIAMI, FL 33175			Mailing Address 5333 COLLINS AVENUE 706 MIAMI BEACH, FL 33140		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5333 Collins Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1001			
City & State		City & State Miami Beach, FL			
Zip	Country	Zip 33140	Country Dade	03052008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent KAUFMAN, DAVID S 9700 SOUTH DIXIE HIGHWAY 530 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name: Leo Sternthal Street Address (P.O. Box Number is Not Acceptable): 13790 SW 56 St. Ste B City: Miami FL Zip Code: 33175	
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:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P STERNTHAL, LEO 13790 S.W. 56 STREET MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Leo Sternthal 13790 SW 56 St. Ste B Miami, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				Date: 305261 6251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					