

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001392

Entity Name: E-LEADER INC.

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

6121 NW 171 STREET
MIAMI, FL 33015

New Principal Place of Business:

6121 NW 171 STREET
MIAMI, FL 33015 US

Current Mailing Address:

6121 NW 171 STREET
MIAMI, FL 33015

New Mailing Address:

6121 NW 171 STREET
MIAMI, FL 33015 US

FEI Number: 20-8154439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DO VALE, KARINNE R
17455 NW 67TH CT APT #H
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

DO VALE, KARINNE R
6121 NW 171ST STREET
MIAMI, FL 33015 US

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.

SIGNATURE: KARINNE R DO VALE

05/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DO VALE, KARINNE R
Address: 17455 NW 67TH CT APT #H
City-St-Zip: MIAMI LAKES, FL 33015

Title: DP () Delete
Name: JUNIOR, ALAMIR P
Address: 17455 NW 67TH CT APT #H
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DO VALE, KARINNE R
Address: 6121 NW 171ST STREET
City-St-Zip: MIAMI, FL 33015 US

Title: DP (X) Change () Addition
Name: JUNIOR, ALAMIR P
Address: 6121 NW 171ST STREET
City-St-Zip: MIAMI, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARINNE DO VALE

DP

05/05/2009

Electronic Signature of Signing Officer or Director

Date