

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090534

Entity Name: LEAK GUARANTEE INC

FILED
Jan 30, 2008
Secretary of State

Current Principal Place of Business:

2775 NE 187ST (THE VENTURE)
420 WEST
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

2775 NE 187TH ST (THE VENTURE)
420 WEST
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 26-0706129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERHY FINANCIAL SERVICES LLC
99 NW 183RD ST
138
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SADE, AMOS
Address: 2775 NE 187TH ST # 420 WEST
City-St-Zip: AVENTURA, FL 33180 US

Title: P () Delete
Name: AZULAY, TUVIA
Address: DEREH AKKO 133 ST
City-St-Zip: KIRYAT MOTZKIN, IL 99999 IL

Title: P () Delete
Name: KOBI, SHIMON H
Address: HANOTER 5 ST
City-St-Zip: KIRYAT HAIM, IL 99999 IL

Title: P () Delete
Name: SADEH, GAVRIEL
Address: MOSHE GOSHE 49 ST
City-St-Zip: KIRYAT MOTZKIN, IL 99999 IL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ZEHAVALI, JOSEPH
Address: KADISH LOZ ST # 64
City-St-Zip: KIRYAT MOTZKIN, IL 99999 IL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: ATIAS, YARON
Address: DVORA 32 ST
City-St-Zip: KIRYAT MOTZKIN, IL 99999 IL

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: AMOS SDAE

P

01/30/2008

Electronic Signature of Signing Officer or Director

_____ Date