

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90129 021 \*\*\*158.75

**DOCUMENT # P93000019952**

1. Entity Name  
**LEASED PROPERTIES TRUST, INC.**



Principal Place of Business  
**524 S ANDREWS AVENUE  
SUITE 200N  
FT LAUDERDALE, FL 33301**

Mailing Address  
**524 S ANDREWS AVENUE  
SUITE 200N  
FT LAUDERDALE, FL 33301**

2. Principal Place of Business  
**5481 N. STATE RD 7**  
Suite, Apt. #, etc.

3. Mailing Address  
**5481 N. STATE RD 7**  
Suite, Apt. #, etc.



03072005 Chg-P CR2E034 (10/03)

City & State  
**TAMARAC, FL**  
Zip  
**33319** Country  
**USA**

City & State  
**TAMARAC, FL**  
Zip  
**33319** Country  
**USA**

4. FEI Number  
**65-0426690** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

**BYRD JR, THOMAS E  
524 S ANDREWS AVENUE  
SUITE 200N  
FT LAUDERDALE, FL 33301**

**7. Name and Address of New Registered Agent**

Name **FELIX GRANADOS, JR**

Street Address (P.O. Box Number is Not Acceptable)

**5481 N. STATE RD 7**

City **TAMARAC** **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

**FELIX GRANADOS JR**

**3/7/05**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BYRD, THOMAS E JR  
524 S ANDREWS AVE, SUITE 200N  
FT LAUDERDALE, FL 33301** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
FELIX GRANADOS JR  
5481 N. STATE RD 7  
TAMARAC, FL 33319** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
CARLOS A. GRANADOS  
5481 N. STATE RD 7  
TAMARAC, FL 33319** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/A  
ROBERTO GRANADOS  
5481 N. STATE RD 7  
TAMARAC, FL 33319** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FELIX GRANADOS, JR**

**3/7/05 954-485-6455**

Date

Daytime Phone #