

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90046 032 \*\*\*150.00

**DOCUMENT # P94000029979**

1. Entity Name  
**LEDDS INTERNATIONAL, INC.**



Principal Place of Business  
**2601 NW 48TH ST.  
POMPANO BEACH, FL 33073 US**

Mailing Address  
**6850 NINETEEN MILE ROAD  
STERLING HEIGHTS, MI 48314**



2. Principal Place of Business  
**1913 N.W. 40th Court**

3. Mailing Address

Suite, Apt. #, etc.  
**A**

Suite, Apt. #, etc.

03122004 Chg-P CR2E034 (10/03)

City & State  
**Pompano Beach, FL**

City & State

4. FEI Number  
**65-0486546**

Applied For  
Not Applicable

Zip  
**33064**

Country  
**US**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**MANCINI, DANIEL C.  
2601 NORTHWEST 48TH STREET  
POMPANO BEACH, FL 33073**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1913 N.W. 40th Court**

Suite A

City

**Pompano Beach**

**FL**

Zip Code  
**33064**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
**VPD  
MANCINI, DANIEL C  
2601 NORTHWEST 48TH STREET  
POMPANO BEACH, FL 33073** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ASD  
MANCINI, DAVID A  
2601 NORTHWEST 48TH STREET  
POMPANO BEACH, FL 33073** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
JANKOWSKI, PAUL C JR.  
6850 NINETEEN MILE ROAD  
STERLING HEIGHTS, MI 48314** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
JANKOWSKI, LISA M  
6850 NINETEEN MILE ROAD  
STERLING HEIGHTS, MI 48314** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MANCINI, STEVEN M  
6850 NINETEEN MILE ROAD  
STERLING HEIGHTS, MI 48314** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MANCINI, EDWARD A  
6850 NINETEEN MILE ROAD  
STERLING HEIGHTS, MI 48314** ☐ Delete

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

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

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

TITLE  
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CITY - ST - ZIP  
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☐ 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:

**Daniel C. Mancini**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-19-04**

**954 956-9823**