

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048251

Entity Name: LEATHER SYSTEMS OF SOUTH FLORIDA, INC.

FILED  
Apr 27, 2005  
Secretary of State

**Current Principal Place of Business:**

12440 VIRTUDES STREET  
CORAL GABLES, FL 331566346

**New Principal Place of Business:**

**Current Mailing Address:**

847 NE 99TH ST.  
MIAMI, FL 33138

**New Mailing Address:**

FEI Number: 65-0511987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DODGE, KEITH  
12440 VIRTUDES STREET  
CORAL GABLES, FL 331566346 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: PD ( ) Delete  
Name: DODGE, KEITH  
Address: 12440 VIRTUDES STREET  
City-St-Zip: CORAL GABLES, FL 331566346

Title: T ( ) Delete  
Name: DEUSCHEL, HERB  
Address: 847 NE 99TH STREET  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: KEITH DODGE

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date