

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048251

FILED
May 01, 2009
Secretary of State

Entity Name: LEATHER SYSTEMS OF SOUTH FLORIDA, INC.

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

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: 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 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: KEITH DODGE

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date