

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90061 012 \*\*\*550.00

**DOCUMENT # P95000025213**

1. Entity Name  
**LEEDS & COLBY, P.A.**



**Principal Place of Business**

2950 SW 27TH AVE  
SUITE 300  
MIAMI, FL 33133 US

**Mailing Address**

2950 SW 27TH AVE  
SUITE 300  
MIAMI, FL 33133 US

**50062689**



**2. Principal Place of Business**

**2400 So. Dixie Highway**  
Suite, Apt. #, etc.  
**Suite 100**

**3. Mailing Address**

**2400 So. Dixie Highway**  
Suite, Apt. #, etc.  
**Suite 100**

08182005 Chg-P CR2E034 (10/03)

**City & State**

**Miami, Florida**

**City & State**

**Miami, Florida**

**4. FEI Number**

**65-0573338**

**Applied For**

**Not Applicable**

**Zip**

**33133**

**Country**

**U.S.**

**Zip**

**33133**

**Country**

**U.S.**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

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

LEEDS, SCOTT W  
2950 S.W. 27 AVE  
STE 300  
MIAMI, FL 33133

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

Name **Scott W. Leeds**

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

**2400 South Dixie Highway Suite 100**

**Miami**

**FL 33133**

City

**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

*Scott W. Leeds*

**08/18/05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **LEEDS, SCOTT**  
STREET ADDRESS **2950 SW 27 AVE SUITE 300**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition  
NAME **Leeds, Scott**  
STREET ADDRESS **2400 South Dixie Highway Suite 100**  
CITY-ST-ZIP **MIAMI, FL. 33133**

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

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

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

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

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

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:

*Scott W. Leeds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/18/05 (305) 567-1200**

Date

Daytime Phone #