

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90063 017 ***150.00

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1. Entity Name

LEONARD ARONSON, INC.



Principal Place of Business

8045 BUTTONWOOD CIR.
 TAMARAC FL 33321

Mailing Address

8045 BUTTONWOOD CIR.
 TAMARAC FL 33321

04020004



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0674040

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONSON, LEONARD
 8045 BUTTONWOOD CIR.
 TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

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

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITILE NAME Delete
 ARONSON, LEONARD
 STREET ADDRESS 8045 BUTTONWOOD CIR.
 CITY-ST-ZIP TAMARAC FL 33321

TITILE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITILE NAME Delete
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TITILE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE NAME Change Addition
 PRESIDENT
 STREET ADDRESS
 CITY-ST-ZIP

TITILE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITILE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITILE NAME Change Addition
 STREET ADDRESS
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 CITY-ST-ZIP

TITILE NAME Change Addition
 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: *Leonard Aronson* LEONARD ARONSON, PRESIDENT 4/6/04 954-722-6442
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #