

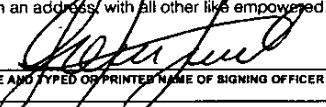


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90116 003 ***150.00

DOCUMENT # P96000064996					
1. Entity Name LEANDER PROPERTIES NV INC.					
Principal Place of Business 4747 COLLINS AVENUE # 1216 MIAMI BEACH, FL 33140 US			Mailing Address 4747 COLLINS AVENUE #1216 MIAMI BEACH, FL 33140 US		
2. Principal Place of Business 2125 Biscayne Blvd		3. Mailing Address 2125 Biscayne Blvd			
Suite, Apt. #, etc. 361		Suite, Apt. #, etc. 361			
City & State Miami, FLORIDA		City & State Miami, FLORIDA		4. FEI Number 65-0687236	
Zip 33137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDSZTEJN, ABRAHAM 4747 COLLINS AVENUE #1216 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name JAVIER SUMBRE Street Address (P.O. Box Number is Not Acceptable) 2125 Biscayne Blvd #361 City Miami FL Zip Code 33137			
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 		JAVIER SUMBRE		DATE 4/20/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELDSZTEJN, ABRAHAM 4747 COLLINS AVENUE #1216 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELDSZTEJN, LIDIA MB 4747 COLLINS AVENUE #1216 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELDSZTEJN, LIDIA B 18151 NE 31 CT # 1015 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELDSZTEJN, SUSANA B 4747 COLLINS AVENUE #1216 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS FELDSZTEJN, SUSANA B 18151 NE 31 CT #1015 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELDSZTEJN, ARIEL M 4747 COLLINS AVENUE #1216 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOKOLOVICZ, JUDIT N 4747 COLLINS AVENUE #1216 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JAVIER SUMBRE 275 NE 18 ST #1603 MIAMI, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		JAVIER SUMBRE		DATE 4/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 305-438-8338	