

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000064996

**FILED**  
**May 04, 2006**  
**Secretary of State****Entity Name:** LEANDER PROPERTIES NV INC.**Current Principal Place of Business:**2425 BISCAYNE BLVD  
361  
MIAMI, FL 33137 US**New Principal Place of Business:**2125 BISCAYNE BLVD  
361  
MIAMI, FL 33137 US**Current Mailing Address:**2425 BISCAYNE BLVD  
361  
MIAMI, FL 33137 US**New Mailing Address:**2125 BISCAYNE BLVD  
361  
MIAMI, FL 33137 US**FEI Number:** 65-0687236**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SUMBRE, JAVIER  
2425 BISCAYNE BLVD 361  
BOYNTON BEACH, FL 33437 US**Name and Address of New Registered Agent:**SUMBRE, JAVIER  
275 NE 18 ST  
1603  
MIAMI, FL 33137 US

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:

05/04/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: FELDSZTEJN, LIDIA MB  
Address: 18151 NE 31 CT 1015  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VDS ( ) Delete  
Name: FELDSZTEJN, SUSANA B  
Address: 18151 NE 31 CT 1015  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: PT ( ) Delete  
Name: SUMBRE, JAVIER  
Address: 275 NE 18 ST 1603  
City-St-Zip: MIAMI, FL 33132

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

Title: VD (X) Change ( ) Addition  
Name: FELDSZTEJN, LIDIA B  
Address: 18151 NE 31 CT 1015  
City-St-Zip: AVENTURA, FL 33160

Title: VDS (X) Change ( ) Addition  
Name: FELDSZTEJN, SUSANA B  
Address: 18151 NE 31 CT 1015  
City-St-Zip: AVENTURA, FL 33160

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSANA B FELDSZTEJN

VDS

05/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date