
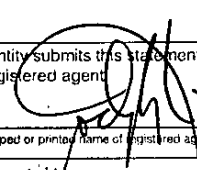


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90267 009 \*\*\*150.00

<b>DOCUMENT # P96000080061</b> 1. Entity Name <b>LAW OFFICES OF JODY LESLIE, P.A.</b>																													
Principal Place of Business <b>515 EAST LAS OLAS BLVD. #1150 FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>515 EAST LAS OLAS BLVD. #1150 FORT LAUDERDALE, FL 33301</b>																										
2. Principal Place of Business <b>2601 E Oakland Park Blvd</b> Suite, Apt. #, etc. <b>Suite 605</b> City & State <b>Ft. Lauderdale, FL</b> Zip <b>33306</b>		3. Mailing Address <b>2601 E Oakland Park Blvd</b> Suite, Apt. #, etc. <b>Suite 605</b> City & State <b>Ft. Lauderdale, FL</b> Zip <b>33306</b>		02232005    Chg-P    CR2E034 (10/03)																									
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0519304</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  <b>LESLIE, JODY</b> <b>515 EAST LAS OLAS BLVD. #1150</b> <b>FORT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2601 E. Oakland Park Blvd. # 605</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33306</b>																										
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:  (NOTE: Registered Agent signature required when reinstating)    DATE:																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LESLIE, JODY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>515 EAST LAS OLAS BLVD. #1150</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33301</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	LESLIE, JODY		STREET ADDRESS	515 EAST LAS OLAS BLVD. #1150		CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">2601 E. Oakland Park Blvd, #605</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Ft. Lauderdale, FL 33306</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	2601 E. Oakland Park Blvd, #605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Ft. Lauderdale, FL 33306		STREET ADDRESS			CITY-ST-ZIP		
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #