


**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P98000094609</b>			
1. Entity Name <b>LES SCHWARTZ, INC.</b>			
Principal Place of Business <b>2455 E. SUNRISE BLVD. SUITE 502 FORT LAUDERDALE, FL 33304</b>		Mailing Address <b>2455 E. SUNRISE BLVD. SUITE 502 FORT LAUDERDALE, FL 33304</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>500</b>		Suite, Apt. #, etc. <b>500</b>	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>SCHWARTZ, LES 2455 E. SUNRISE BLVD. SUITE 502 FORT LAUDERDALE, FL 33304</b>			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Ad	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PS <input type="checkbox"/> Delete	TITLE	
NAME	SCHWARTZ, LES	NAME	
STREET ADDRESS	2455 E. SUNRISE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Les Schwartz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			