

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90187 041 \*\*\*150.00

**DOCUMENT # P99000040678**

1. Entity Name  
**WEIMER INVESTMENTS, INC.**



Principal Place of Business  
**7700 NORTH KENDALL DRIVE SUITE 405  
MIAMI, FL 33156**

Mailing Address  
**7700 NORTH KENDALL DRIVE SUITE 405  
MIAMI, FL 33156**



01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
**8600 W. FLAGLER ST**  
Suite, A. pt. # etc.  
**200**

3. Mailing Address  
**8600 W. FLAGLER ST**  
Suite, Apt. #, etc.  
**200**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33144**

Country  
**USA**

Zip  
**33144**

Country  
**USA**

4. FEI Number  
**65-0916181**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEITMAN, LORN**  
**7700 NORTH KENDALL DRIVE SUITE 405**  
**MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name  
**LORN LEITMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**8600 W. FLAGLER ST, #200**

City  
**MIAMI**

FL  
**33144**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEITMAN, LORN	
STREET ADDRESS	791 CRANDON BLVD #907	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEIMER, PHILIP	
STREET ADDRESS	540 PHILIPS DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	791 CRANDON BLVD, #1508	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Lorn Leitman** **4/16/06** **300-227-5126**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Ring