

Page 10k

**2005 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000079014**
PURE LEATHER'S INC



FILED
05 DEC 23 AM 11:36

Principal Place of Business Mailing Address
1544 Springside DR Suite 3
WESTON FL 33326

2. Principal Place of Business 3. Mailing Address
1544 Springside DR Suite 3
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 3
City & State City & State
WESTON FL

Zip Country Zip Country
33326 U.S.A.



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name **ALICIA CARDONA**
Street Address (P.O. Box Number is Not Acceptable)
1544 Springside DR Suite 3
City **WESTON** FL Zip Code **33326**

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]* DATE **12/19/05**
Signature of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW WITH FEES: \$150.00
After May 1, 2005 fee will be \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	ALICIA CARDONA		STREET ADDRESS		
CITY-ST-ZIP	1544 Springside DR Suite 3		CITY-ST-ZIP	100062520831	
	WESTON FL 33326			12/30/05--01067--010 **150.00	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	ELIOS HOUNSEF		STREET ADDRESS		
CITY-ST-ZIP	1544 SPRINGSIDE DR Suite 3		CITY-ST-ZIP		
	WESTON FL 33326				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
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 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]* DATE **12-19/05** 954-2170749
SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

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Weston, FL December 19, 2005

Department of State
Division of Corporations
Uniform Business Report
P.O. BOX 1500
Tallahassee, FL 32302-1500

PURE LEATHER'S INC
P99000079014

Dear Sir or Madam:

This letter is to inform you that I did not received the 2005 Uniform Business Report for PURE LEATHER'S INC on time. Document number P99000079014.

I have only now realized that I owe the 2005 fees, and respectfully request that PURE LEATHER'S INC , be excused from paying the some penalty.

Many thanks for your attention.

Yours truly,


ALICIA CARDONA
President