


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90282 042 \*\*\*158.75

<b>DOCUMENT # S67407</b> 1. Entity Name <b>LEFMARK GROUP, INC.</b>					
Principal Place of Business <b>ONE GREENWAY PLAZA STE 850 HOUSTON, TX 77046 US</b>			Mailing Address <b>ONE GREENWAY PLAZA SUITE 850 HOUSTON, TX 77046-0102 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHAPIRO, ROBERT L 2627 IVES DAIRY RD STE 118 AVENTURA, FL 33180</b>				Name <b>Robert L. Shapiro</b> Street <b>900 N. Federal Highway</b> Suite <b>Suite 208</b> City <b>Hallandale Beach, FL 33009</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRIEDMAN, LEONARD E.</b>		NAME		
STREET ADDRESS	<b>ONE GREENWAY PLAZA, SE 850</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>HOUSTON, TX 770460197</b>		CITY- ST- ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RAY, SANDRA E</b>		NAME		
STREET ADDRESS	<b>ONE GREENWAY PLAZA, STE 850</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>HOUSTON, TX 770460197</b>		CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SWINKE, DAVID L</b>		NAME		
STREET ADDRESS	<b>ONE GREENWAY PLAZA, STE 850</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>HOUSTON, TX 770460196</b>		CITY- ST- ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THIBAUT, HOWARD W</b>		NAME		
STREET ADDRESS	<b>ONE GREENWAY PALZA, SUITE 850</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>HOUSTON, TX 770460196</b>		CITY- ST- ZIP		
TITLE	COO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHAPIRO, ROBERT L</b>		NAME		
STREET ADDRESS	<b>2601 SOUTH BAYSHORE DRIVE, STE 300</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>MIAMI, FL 331335413</b>		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b> <i>S. Ray, VP</i> <b>Sandra Ray</b>			<b>4-14-05</b> <b>713.355.4100</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		