


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90282 042 ***158.75

DOCUMENT # S67407					
1. Entity Name LEFMARK GROUP, INC.					
Principal Place of Business ONE GREENWAY PLAZA STE 850 HOUSTON, TX 77046 US			Mailing Address ONE GREENWAY PLAZA SUITE 850 HOUSTON, TX 77046-0102 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0281974	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAPIRO, ROBERT L 2627 IVES DAIRY RD STE 118 AVENTURA, FL 33180			Name Robert L. Shapiro Street 900 N. Federal Highway Suite 208 City Hallandale Beach, FL 33009		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	FRIEDMAN, LEONARD E.		NAME		
STREET ADDRESS	ONE GREENWAY PLAZA, SE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 770460197		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAY, SANDRA E		NAME		
STREET ADDRESS	ONE GREENWAY PLAZA, STE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 770460197		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWINKE, DAVID L		NAME		
STREET ADDRESS	ONE GREENWAY PLAZA, STE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 770460196		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THIBAUT, HOWARD W		NAME		
STREET ADDRESS	ONE GREENWAY PALZA, SUITE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 770460196		CITY-ST-ZIP		
TITLE	COO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPIRO, ROBERT L		NAME		
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, STE 300		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331335413		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.					
SIGNATURE: <i>S. Ray, VP</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sandra Ray		Date: 4-14-05	
				Daytime Phone #: 713.355.4100	