

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004187

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: LSR PRESS, INC.

**Current Principal Place of Business:**

2199 NW 22 COURT  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 143529  
CORAL GABLES, FL 33114

**New Mailing Address:**

FEI Number: 65-0284619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LLEVADA, E JERRY  
2199 NW 22 COURT  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LLEVADA, E JERRY  
Address: P.O. BOX 143529  
City-St-Zip: CORAL GABLES, FL 33114

Title: VP  
Name: LLEVADA, NILDA C  
Address: P.O. BOX 143529  
City-St-Zip: CORAL GABLES, FL 33114

Title: S  
Name: LLEVADA, YASMIN  
Address: P.O. BOX 143529  
City-St-Zip: CORAL GABLES, FL 33114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: E JERRY LLEVADA

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date