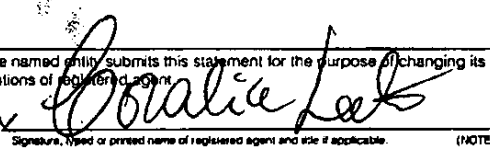
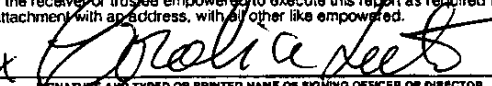


FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90004 017 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000039972			
1. Entity Name CORALIA LEETS ART DESIGN, INC.			
Principal Place of Business 1620 N ORANGE AVE ORLANDO, FL 32804		Mailing Address 1620 N ORANGE AVE ORLANDO, FL 32804	
2. Principal Place of Business - No P.O. Box # 1110 Brickell Ave		3. Mailing Address 1110 Brickell Ave	
Suite, Apt. #, etc. Suite 702		Suite, Apt. #, etc. Suite 702	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country US	Zip 33131	Country US
4. FEI Number 90-0054716		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEETS, CORALIA 1620 N ORANGE AVE ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name: Coralia Leets Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Ave, Ste. 702 City: Miami FL Zip Code: 33131	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 STREET ADDRESS CITY-ST-ZIP	PD LEETS, CORALIA 1620 N ORANGE AVE ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1110 Brickell Ave, Ste. 702 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEETS, CORALIA ANGEL 1620 N ORANGE AVE ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1110 Brickell Ave, Ste. 702 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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:  (NOTE: Registered Agent signature required when reinstating)		Date: 5/30/08 - (305) 373-9717	