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.

40107567

Principal Place of Business	Mailing Address
1620 N ORANGE AVE ORLANDO, FL 32804	1620 N ORANGE AVE ORLANDO, FL 32804

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1110 Brickell Ave	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

04012008 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
LEETS, CORALIA 1620 N ORANGE AVE ORLANDO, FL 32804	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: [signature]
Signature, typed or printed name of registered agent and title if applicable. (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
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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: [signature] 5/20/08 (305) 373-9717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #