

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057790

Entity Name: LEVMOF, INC.

FILED  
Feb 27, 2012  
Secretary of State

## Current Principal Place of Business:

6001 BROKEN SOUND PKWY  
414  
BOCA RATON, FL 33487

## New Principal Place of Business:

## Current Mailing Address:

6001 BROKEN SOUND PKWY  
414  
BOCA RATON, FL 33487

## New Mailing Address:

FEI Number: 03-0519274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GANG, DAVID  
6001 BROKEN SOUND PKWY  
SUITE #414  
BOCA RATON, FL 33487 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: GANG, MONROE  
Address: 6001 BROKEN SOUND PKWY #414  
City-St-Zip: BOCA RATON, FL 33487

Title: VP  
Name: GANG, DAVID  
Address: 6001 BROKEN SOUND PKWY  
City-St-Zip: BOCA RATON, FL 33487

Title: VP  
Name: GANG, DAVID  
Address: 6001 BROKEN SOUND PKWY  
City-St-Zip: BOCA RATON, FL 33487

Title: VP  
Name: GANG, DAVID  
Address: 6001 BROKEN SOUND PKWY  
City-St-Zip: BOCA RATON, FL 33487

Title: VP  
Name: GANG, DAVID  
Address: 6001 BROKEN SOUND PKWY  
City-St-Zip: BOCA RATON, FL 33487

Title: VP  
Name: GANG, DAVID  
Address: 6001 BROKEN SOUND PKWY  
City-St-Zip: BOCA RATON, FL 33487

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID GANG

VP

02/27/2012

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

\_\_\_\_\_  
Date