2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90470 034 ***150.00

60032567

DOCUMENT # P03000093107

1. Entity Name
CSL OF AMERICA, INC.

Principal Place of Business	Mailing Address
1900 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US	1900 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272006 Chg-P CR2E034 (11/05)

4. FEI Number 05-0582830 05-0582830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEIRIAS, CESAR S
1640 SACKETT CIRCLE
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

#2265

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIRIAS, CESAR S 1640 SACKETT CIRCLE ORLANDO, FL 32811	☐ 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
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
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

New Address _____

_____

_____

City _____

State _____ Zip _____

Telephone Number ( ) _____

Do not write beyond this line

Form 8109-C (Rev. 12-2005)

Employer Identification Number (EIN) OMB No. 1545-0257

05-0582830 120912 6 0

0217-014378*******ALL FOR AADC 328 18
CSL OF AMERICA INC
1900 S ORANGE BLOSSON TRAIL
ORLANDO, FL 32805-4652

INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201

Send FTD Address Change and correspondence to the IRS address above.

ATTACHMENT
600339547
#P03 00093107