

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110481

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** LOVINGER FINANCIAL SERVICES INC

**Current Principal Place of Business:**

4016 HENDERSON BLVD  
STE 0  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

4016 HENDERSON BLVD  
STE 0  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 20-5427677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONTES DE OLA, CHRISTINA  
4016 HENDERSON BLVD  
STE 0  
TAMPA, FL 33629 US

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

MONTES DE OCA, CHRISTINA  
4016 HENDERSON BLVD  
STE 0  
TAMPA, FL 33629 US

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: CHRISTINA MONTES DE OCA

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONTES DE OCA, CHRISTINA  
Address: 4016 HENDERSON BLVD STE 0  
City-St-Zip: TAMPA, FL 33629

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: CHRISTINA MONTES DE OCA

P

01/16/2012

Electronic Signature of Signing Officer or Director

Date