

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000067127

Entity Name: LALINDE ENTERPRISES INC.**Current Principal Place of Business:**620 NW 206 AVENUE
PEMBROKE PINES, FL 33029**Current Mailing Address:**18331 PINES BLVD.
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PEMBROKE PINES, FL 33029 US**FEI Number:** 46-3440865**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LALINDE, GUSTAVO A
620 NW 206 AVENUE
PEMBROKE PINES, FL 33029 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LALINDE, GUSTAVO A
Address	620 NW 206 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33029

Title	SEC
Name	LALINDE, GUSTAVO A
Address	620 NW 206 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33029

Title	DIR
Name	LALINDE, GUSTAVO A
Address	620 NW 206 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33029

Title	VP
Name	LALINDE, MARIA C
Address	620 NW 206 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33029

Title	TRE
Name	LALINDE, MARIA C
Address	620 NW 206 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33029

Title	D
Name	LALINDE, MARIA C
Address	620 NW 206 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33029

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: GUSTAVO A. LALINDE**PRESIDENT****03/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date