

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004761

Entity Name: LAVALINKED, INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

990 NW 36 ST  
FT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

990 NW 36 ST  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 27-3388970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLFER, FERN-LEE  
14300 SUNSET LANE  
SW RANCHES, FL 33330 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: DP  
Name: CEDOLA, LEONARD  
Address: 990 NW 36 ST  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: S  
Name: STATON, JORY  
Address: 990 NW 36 ST  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: T  
Name: WOLFER, FERN-LEE  
Address: 990 NW 36 ST  
City-St-Zip: FT LAUDERDALE, FL 33309

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: FERN-LEE WOLFER

T

04/30/2011

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

\_\_\_\_\_  
Date