

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F20683</b>	
1. Entity Name <b>LEISURE CITY SERVICE CENTER, INC.</b>	



Principal Place of Business <b>29421 SW 152ND AVE. LEISURE CITY, FL 33033-2847 US</b>	Mailing Address <b>C/O BLAKESBERG &amp; CO CPAS 951 SW 4TH AVE BOCA RATON, FL 33432-5803 US</b>
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02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2083776</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BLAKESBERG, WILLIAM 951 SW 4TH AVE BOCA RATON, FL 33432-5803</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEON, REINALDO 29421 S.W. 152ND AVE. LEISURE CITY, FL 330332847</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NIETO, MIRIAM 29421 SW 152 AVE LEISURE CITY, FL 330332847</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEON, MARTHA 29421 SW 152 AVE LEISURE CITY, FL 330332847</b>
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03/28/06-80043-021 150.00

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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: *Miriam Nieto*  
**MIRIAM NIETO** PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICE PRESIDENT**

**561-750-8300**

Date Daytime Phone #