

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20683

FILED
Feb 10, 2012
Secretary of State

Entity Name: LEISURE CITY SERVICE CENTER, INC.

Current Principal Place of Business:

29421 SW 152ND AVE.
LEISURE CITY, FL 330332847 US

New Principal Place of Business:

Current Mailing Address:

C/O BLAKESBERG & CO CPAS
951 SW 4TH AVE
BOCA RATON, FL 334325803 US

New Mailing Address:

FEI Number: 59-2083776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKESBERG, WILLIAM
951 SW 4TH AVE
BOCA RATON, FL 334325803 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: P
Name: LEON, REINALDO
Address: 29421 S.W. 152ND AVE.
City-St-Zip: LEISURE CITY, FL 330332847

Title: VP
Name: NIETO, MIRIAM
Address: 29421 SW 152 AVE
City-St-Zip: LEISURE CITY, FL 330332847

Title: S
Name: LEON, MARTHA
Address: 29421 SW 152 AVE
City-St-Zip: LEISURE CITY, FL 330332847

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: REINALDO LEON

P

02/10/2012

Electronic Signature of Signing Officer or Director

Date