

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039972

FILED
Aug 07, 2009
Secretary of State

Entity Name: CORALIA LEETS ART DESIGN, INC.

Current Principal Place of Business:

1110 BRICKELL AVE
STE 702
MIAMI, FL 33131

New Principal Place of Business:

2108 BYRON RD
WINTER PARK, FL 32792

Current Mailing Address:

1110 BRICKELL AVE
STE 702
MIAMI, FL 33131

New Mailing Address:

2108 BYRON RD
WINTER PARK, FL 32792

FEI Number: 90-0054716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEETS, CORALIA
1110 BRICKELL AVE
STE 702
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LEETS, CORALIA
2108 BYRON RD
WINTER PARK, FL 32792 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: BILL DOWD

08/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEETS, CORALIA
Address: 1110 BRICKELL AVE STE 702
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: LEETS, CORALIA ANGEL
Address: 1110 BRICKELL AVE STE 702
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEETS, CORALIA
Address: 2108 BYRON RD
City-St-Zip: WINTER PARK, FL 32792

Title: VP (X) Change () Addition
Name: LEETS, CORALIA ANGEL
Address: 2108 BYRON RD
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CORALIA LEETS

OFFI

08/07/2009

Electronic Signature of Signing Officer or Director

Date