

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000050012

Entity Name: ILOCANDIA, INC.

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

9526 ARGYLE FOREST BLVD  
STE B2  
JACKSONVILLE, FL 32222

## **New Principal Place of Business:**

## **Current Mailing Address:**

9526 ARGYLE FOREST BLVD  
STE B2  
JACKSONVILLE, FL 32222

## **New Mailing Address:**

FEI Number: 06-1697405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LELINA, BENJAMIN  
9526 ARGYLE FOREST BLVD  
STE B2  
JACKSONVILLE, FL 32222 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: LELINA, BENJAMIN  
Address: 2693 COUNTRY CLUB BLVD  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: LELINA, TERESITA  
Address: 2693 COUNTRY CLUB BLVD  
City-St-Zip: ORANGE PARK, FL 32073

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: BENJAMIN LELINA

PRES

02/17/2010

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

\_\_\_\_\_  
Date