

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000064458

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** THE LEGAIR LAW FIRM, P.A.

**Current Principal Place of Business:**

1601 N. PALM AVE.  
307  
PEMBROKE PINES, FL 330263242

**New Principal Place of Business:**

**Current Mailing Address:**

1601 N. PALM AVE.  
307  
PEMBROKE PINES, FL 330263242

**New Mailing Address:**

**FEI Number:** 20-0037419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGAIR, LASHAWN  
1601 N. PALM AVE.  
307  
PEMBROKE PINES, FL 330263242 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:** LEGAIR, LASHAWN  
**Address:** 1601 N. PALM AVE., SUITE 307  
**City-St-Zip:** PEMBROKE PINES, FL 330263242 US

**Title:** S  
**Name:** LEGAIR, LASHAWN  
**Address:** 1601 N. PALM AVE., SUITE 307  
**City-St-Zip:** PEMBROKE PINES, FL 330263242 US

**Title:** T  
**Name:** LEGAIR, LASHAWN  
**Address:** 1601 N. PALM AVE., SUITE 307  
**City-St-Zip:** PEMBROKE PINES, FL 330263242 US

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:** LASHAWN LEGAIR

P

04/20/2011

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

\_\_\_\_\_  
Date