

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000097331

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** LEADING EDGE COLLISION & CUSTOM PAINT, INC

**Current Principal Place of Business:**

420 N. KIRKMAN RD  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

420 N. KIRKMAN RD  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 20-1289074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAHADAI, DERICK  
420 N. KIRKMAN RD  
ORLANDO, FL 32811 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,S  
Name: MAHADAI, DERICK  
Address: 420 N. KIRKMAN RD  
City-St-Zip: ORLANDO, FL 32811

Title: OFF  
Name: MANSURALI, ZOVICA  
Address: 420 N. KIRKMAN RD  
City-St-Zip: ORLANDO, FL 32811

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: ZOVICA MANSURALI

OFF

04/30/2012

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

\_\_\_\_\_  
Date