

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90383 007 ***150.00

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DOCUMENT # P04000164766 1. Entity Name LIGHTEN UP CITY CENTER, INC			
Principal Place of Business 1973 SW SAVAGE BLVD 111 PORT ST. LUCIE, FL 34982		Mailing Address 920 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1973 SW SAVAGE BLVD 111 PORT ST LUCIE, FL 34983	
City & State 34953		City & State PORT ST LUCIE, FL 34953	
Zip 34953		Country	
4. FEI Number 20-1980560		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASENCIO, BEVERLY 920 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASENCIO, BEVERLY 920 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34987	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1973 SW SAVAGE BLVD #111 PORT ST LUCIE, FL 34953 VICE PRESIDENT CAROL WISSINGEN 1973 SW SAVAGE BLVD #111 PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		BEVERLY ASENCIO 4-28-06 772-879-1023	