

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000169844

Entity Name: CINLAD

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14637 CANOPY DR  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

14637 CANOPY DR  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 83-0418193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LADIS, PETER  
14637 CANOPY DR  
TAMPA, FL 33626 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: D  
Name: LADIS, GEORGE  
Address: 2067 AUBURN LAKES  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D  
Name: CINCIMINO, PATRICIA  
Address: 5217 INDIGO CROSSING DR  
City-St-Zip: VIERA, FL 32955

Title: D  
Name: LADIS, PETER  
Address: 14637 CANOPY DR  
City-St-Zip: TAMPA, FL 33626

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: PETER LADIS

D

02/22/2011

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

\_\_\_\_\_  
Date