

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000018837

Entity Name: L S P A INC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3826 CEDAR HAMMOCK TRL  
SAINT CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

3826 CEDAR HAMMOCK TRL  
SAINT CLOUD, FL 34772

**New Mailing Address:**

FEI Number: 20-2342177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRITO, ANGELA  
3826 CEDAR HAMMOCK TRL  
SAINT CLOUD, FL 34772 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: FREITES URRIOLA, LUIS ENRIQUE  
Address: 3826 CEDAR HAMMOCK TRL  
City-St-Zip: SAINT CLOUD, FL 34772

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: LUIS ENRIQUE FREITES

P

04/29/2011

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

\_\_\_\_\_  
Date