

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082828

Entity Name: LEVENTE KOVARY, P.A.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3755 NE 167TH ST.  
APT. 36  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 398386  
MIAMI BEACH, FL 33239

**New Mailing Address:**

FEI Number: 20-2988393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOVARY, LEVENTE  
3755 NE 167TH ST  
APT. 36  
NORTH MIAMI BEACH, FL 33160 US

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

KOVARY, LEVENTE  
1111 LINCOLN ROAD  
PH-805  
MIAMI BEACH, FL 33139 US

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: LEVENTE KOVARY

Electronic Signature of Registered Agent

04/25/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: KOVARY, LEVENTE  
Address: 1111 LINCOLN ROAD PH-805  
City-St-Zip: MIAMI BEACH, FL 33139

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: LEVENTE KOVARY

Electronic Signature of Signing Officer or Director

PS

04/25/2011

Date