

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000084137

Entity Name: LEOMAR CABINETS, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

621 SE 3RD TER.  
CAPE CORAL, FL 33990 US

## **New Principal Place of Business:**

2797 FIRST STREET  
FORT MYERS, FL 33901 US

## **Current Mailing Address:**

P.O BOX 152663  
CAPE CORAL, FL 33915 US

## **New Mailing Address:**

FEI Number: 20-5084655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALVAREZ, LEONARDO F  
621 SE 3RD TERR.  
CAPE CORAL, FL 33990 US

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

ALVAREZ, LEONARDO F  
2797 FIRST STRET  
FORT MYERS, FL 33901 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/26/2011

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: ALVAREZ, LEONARDO F  
Address: 2797 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901 US

Title: VP  
Name: REALPE, MARTHA L  
Address: 2797 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

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: LEONARDO ALVAREZ

PRES

04/26/2011

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

\_\_\_\_\_  
Date