

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000155631

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA TREASURE COAST SERVICES INC.

**Current Principal Place of Business:**

3841 SW RAMSPECK ST  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880721  
PORT SAINT LUCIE, FL 34988 US

**New Mailing Address:**

**FEI Number:** 20-8139873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUADALUPE, ESCOBAR  
3841 SW RAMSPECK ST  
PORT ST LUCIE, FL 34953 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: PTSD  
Name: ESCOBAR, GUADALUPE  
Address: 3841 SW RAMSPECK ST  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VM  
Name: DIAZ, KEVIN  
Address: 4026 SW CHERIBON ST.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SEC  
Name: CHAVEZ, THOMAS  
Address: 4026 SW CHERIBON ST.  
City-St-Zip: PORT ST LUCIE, FL 34953

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: GUADALUPE ESCOBAR

PTSD

04/14/2012

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

\_\_\_\_\_  
Date