

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000070351

**FILED**  
**Feb 13, 2011**  
**Secretary of State**

**Entity Name:** LMP PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

9353 FONTAINEBLEAU BLVD, A101  
MIAMI, FL 33172

**New Principal Place of Business:**

9353 FONTAINEBLEAU BLVD  
A101  
MIAMI, FL 33172

**Current Mailing Address:**

9353 FONTAINEBLEAU BLVD, A101  
MIAMI, FL 33172

**New Mailing Address:**

9353 FONTAINEBLEAU BLVD  
A101  
MIAMI, FL 33172

**FEI Number:** 26-0381015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PORRAS, LEONEL E  
9353 FONTAINEBLEAU BLVD, A101  
MIAMI, FL 33172 US

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

PORRAS, LEONEL E  
9353 FONTAINEBLEAU BLVD  
A101  
MIAMI, FL 33172 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:**

02/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PORRAS, LEONEL E  
**Address:** 9353 FONTAINEBLEAU BLVD, A101  
**City-St-Zip:** MIAMI, FL 33172

**Title:** VP  
**Name:** MONTES DE OCA, MELISSA  
**Address:** 9353 FONTAINEBLEAU BLVD, A101  
**City-St-Zip:** MIAMI, FL 33172

**Title:** S  
**Name:** PORRAS, LEONEL E  
**Address:** 9353 FONTAINEBLEAU BLVD, A101  
**City-St-Zip:** MIAMI, FL 33172

**Title:** T  
**Name:** MONTES DE OCA, MELISSA  
**Address:** 9353 FONTAINEBLEAU BLVD, A101  
**City-St-Zip:** MIAMI, FL 33172

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:** LEONEL E. PORRAS

P

02/13/2011

Electronic Signature of Signing Officer or Director

Date