

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000044773

FILED  
Jan 14, 2011  
Secretary of State

Entity Name: LEE PROFESSIONAL INSTITUTE INC

**Current Principal Place of Business:**

2950 WINKLER AVENUE - UNIT #1201  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

2950 WINKLER AVENUE - UNIT #1201  
FORT MYERS, FL 33916

**New Mailing Address:**

FEI Number: 27-0229183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIEGO, ALICIA  
909 NE 32 STREET  
CAPE CORAL, FL 33909 US

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

DIEGO, ALICIA  
511 NW 7TH PLACE  
CAPE CORAL, FL 33993 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: ALICIA DIEGO

01/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIEGO, ALICIA  
Address: 511 NW 7TH PLACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP  
Name: TRIANA, CARIDAD  
Address: 9351 FOUNTAINBLEU BLVD # B-421  
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: ALICIA DIEGO

P

01/14/2011

Electronic Signature of Signing Officer or Director

Date