

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000044773

**FILED**  
**Jan 11, 2012**  
**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  
511 NW 7TH PLACE  
CAPE CORAL, FL 33993 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:** 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

01/11/2012

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

\_\_\_\_\_  
Date