

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000005511 1. Entity Name SPANISH GENERAL SERVICES CENTER CORP.					
Principal Place of Business 7993 SOUTH US HWY 1 18 PORT ST. LUCIE, FL 34952 US			Mailing Address 7993 SOUTH US HWY 1 18 PORT ST. LUCIE, FL 34952 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-1716078	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMAN, SANDRA M 7993 SOUTH US HWY 1 18 PORT ST. LUCIE, FL 34952				7. Name and Address of New Registered Agent Name SANDRA M. ROMAN Street Address (P.O. Box Number is Not Acceptable) 7993 SOUTH US HWY 1 SUITE 18 City PORT ST. LUCIE, FL Zip Code 34952	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SANDRA M ROMAN <i>[Signature]</i> 05/17/12 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMAN, SANDRA M SW 182 AVE PORT ST. LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TRAIANO S FIGUEROA 7993 SOUTH US HWY 1 SUITE 18 PORT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other true empowered.					
SIGNATURE: <i>[Signature]</i> 05/17/12			E-MAIL ADDRESS: SANDRASSPANISHCENTER@JAHOO.COM		

FILED

12 JUN -7 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05112012 Chg-P CR2E034 (12/11)

4. FEI Number
27-1716078
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **SANDRA M. ROMAN**

Street Address (P.O. Box Number is Not Acceptable) **7993 SOUTH US HWY 1 SUITE 18**

City **PORT ST. LUCIE, FL** Zip Code **34952**

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SIGNATURE **SANDRA M ROMAN** *[Signature]* **05/17/12**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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SIGNATURE: *[Signature]* **05/17/12**

E-MAIL ADDRESS: **SANDRASSPANISHCENTER@JAHOO.COM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS