

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000064161

Entity Name: ANZE LHA, INC

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6502 SOUTH GOLDENROD RD  
UNIT C  
ORLANDO, FL 32822

## **New Principal Place of Business:**

4966 BONSAI CIR  
UNIT 200  
PALM BEACH GARDENS, FL 33418

## **Current Mailing Address:**

6502 SOUTH GOLDENROD RD  
UNIT C  
ORLANDO, FL 32822

## **New Mailing Address:**

4966 BONSAI CIR  
UNIT 200  
PALM BEACH GARDENS, FL 33418

FEI Number: 27-3191767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEGERTEKIN, ULAS  
6502 SOUTH GOLDENROD RD  
UNIT C  
ORLANDO, FL 32822 US

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

DEGERTEKIN, ULAS  
4966 BONSAI CIR  
UNIT 200  
PALM BEACH GARDENS, FL 32822 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: ULAS DEGERTEKIN

04/20/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: DEGERTEKIN, ULAS  
Address: 4966 BONSAI CIR UNIT 200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP  
Name: DEGERTEKIN, GULAY  
Address: 4966 BONSAI CIR UNIT 200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: ULAS DEGERTEKIN

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date