

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073507

Entity Name: LTV MANAGEMENT, INC.

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1201 NORTH SEMORAN BLVD  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

135 SAVANNAH PARK LOOP  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 36-4676894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VEKSLER, SVETLANA  
135 SAVANNAH PARK LOOP  
CASSELBERRY, FL 32707 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: DP  
Name: VEKSLER, SVETLANA  
Address: 135 SAVANNAH PARK LOOP  
City-St-Zip: CASSELBERRY, FL 32707

Title: DVST  
Name: VEKSLER, ANATOLIY  
Address: 135 SAVANNAH PARK LOOP  
City-St-Zip: CASSELBERRY, FL 32707

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: SVETLANA VEKSLER

DP

04/18/2012

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

\_\_\_\_\_  
Date