

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000075615

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: CSS212518 INC.

**Current Principal Place of Business:**

3836 NW 90 AVE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

3836 NW 90 AVE  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ESPINO, FELIPE A SR  
3836 NW 90 AVE  
SUNRISE, FL 33351 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: ESPINO, FELIPE A SR  
Address: 3836 NW 90 AVE  
City-St-Zip: SUNRISE, FL 33351 US

Title: VP  
Name: ESPINO, MAGALY B  
Address: 3836 NW 90 AVE  
City-St-Zip: SUNRISE, FL 33351 US

Title: D  
Name: ESPINO, MAGLY T DIRECTO  
Address: 3836 NW 90 AVE  
City-St-Zip: SUNRISE, FL 33351 US

Title: D  
Name: ESPINO, MAYRA G DIRECTO  
Address: 3836 NW 90 AVE  
City-St-Zip: SUNRISE, FL 33351

Title: D  
Name: ESPINO, MARIANA P DIRECTO  
Address: 3836 NW 90 AVE  
City-St-Zip: SUNRISE, FL 33351 US

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: FELIPE ESPINO

P

04/26/2012

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

\_\_\_\_\_  
Date