

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000099322

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** TSL TIGERS, INC.

**Current Principal Place of Business:**

10789 SW TRADITION SQUARE  
PT ST LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

2279 SW NEWPORT ISLES BLVD  
PT ST LUCIE, FL 34953 US

**New Mailing Address:**

10789 SW TRADITION SQUARE  
PT ST LUCIE, FL 34987

**FEI Number:** 27-4183068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRUONG, MY KRISTY  
2279 SW NEWPORT ISLES BLVD  
PT ST LUCIE, FL 34953 US

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

LE, MY KRISTY  
2279 SW NEWPORT ISLES BLVD  
PT ST LUCIE, FL 34953 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: MY KRISTY TRUONG

03/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LE, MY KRISTY  
Address: 2279 SW NEWPORT ISLES BLVD  
City-St-Zip: PT ST LUCIE, FL 34953 US

Title: VP  
Name: HO, NGA  
Address: 10789 SW TRADITION SQUARE  
City-St-Zip: PT ST LUCIE, FL 34987

Title: D  
Name: LY, ANTHONY R  
Address: 10789 SW TRADITION SQUARE  
City-St-Zip: PT ST LUCIE, FL 34987

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: MY KRISTY LE

P

03/06/2012

Electronic Signature of Signing Officer or Director

Date