

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000054348

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** HELEN PAGAN ENTERPRISES INC

**Current Principal Place of Business:**

903 SE PINWOOD TRAIL  
#3  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

2173 SW SALVATIERRA BLVD  
PORT SAINT LUCIE, FL 34987 US

**Current Mailing Address:**

903 SE PINWOOD TRAIL  
#3  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

2173 SW SALVATIERRA BLVD  
PORT SAINT LUCIE, FL 34987 US

**FEI Number:** 45-2572056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALAS, HELEN  
903 SE PINWOOD TRAIL  
#3  
PORT SAINT LUCIE, FL 34952 US

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

SALAS, HELEN  
2173 SW SALVATIERRA BLVD  
PORT SAINT LUCIE, FL 34987 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:** HELEN PAGAN SALAS

04/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SALAS, HELEN PAGAN  
**Address:** 2173 SW SALVATIERRA BLVD  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987 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:** HELEN P. SALAS

MRS

04/14/2012

Electronic Signature of Signing Officer or Director

Date