

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000095186

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** LINS ALTERATIONS SERVICES CO.

**Current Principal Place of Business:**

281 EAST PALMETTO RD.  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

281 EAST PALMETTO RD.  
BOCA RATON, FL 33432

**New Mailing Address:**

250 NE 20TH ST.  
APT #231 W  
BOCA RATON, FL 33431

FEI Number: 45-3725681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LINS, HELENA M  
281 EAST PALMETTO RD.  
BOCA RATON, FL 33432 US

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

LINS, HELENA M  
250 NE 20TH ST.  
APT #231 W  
BOCA RATON, FL 33431 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: HELENA LINS

03/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: LINS, HELENA M  
Address: 250 NE 20TH ST. APT #231 W  
City-St-Zip: BOCA RATON, FL 33431

Title: DS  
Name: LINS, GUSTAVO B  
Address: 250 NE 20TH ST. APT #231 W  
City-St-Zip: BOCA RATON, FL 33431

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: HELENA LINS

DPT

03/29/2012

Electronic Signature of Signing Officer or Director

Date