

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000095336

Entity Name: LEEWAY SOLUTION, INC

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3529 NW 82ND AVENUE  
DORAL, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

3529 NW 82ND AVENUE  
DORAL, FL 33122

**New Mailing Address:**

FEI Number: 45-3765650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIMA CADENA, MARIA A  
5960 NW 99 AVE, SUITE #4  
DORAL, FL 33178 US

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

LIMA CADENA, MARIA A  
3529 NW 82ND AVE  
DORAL, FL 33122 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: MARIA A. LIMA CADENA

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: LIMA CADENA, MARIA A  
Address: 5960 NW 99 AVE, SUITE #4  
City-St-Zip: DORAL, FL 33178

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: MARIA A. LIMA CADENA

PRES

03/28/2012

Electronic Signature of Signing Officer or Director

Date