

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000085097

Entity Name: CAMBRIDGE ANTIGUA, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

650 S. NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

650 S. NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 59-3282510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LECCESE, JACQUELINE C  
650 S. NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 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: DPST  
Name: LECCESE, JACQUELINE C  
Address: 650 S. NORTHLAKE BLVD, SUITE 450  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: JACQUELINE C. LECCESE

DPST

01/06/2011

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

\_\_\_\_\_  
Date