

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000009748

Entity Name: LEYI ADULT CARE INC.

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1017-1019 N.W. 29TH AVENUE  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1017-1019 N.W. 29TH AVENUE  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 65-0554944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIAZ, CANDIDA  
1017 N.W. 29TH AVENUE  
MIAMI, FL 33125 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVD  
Name: DIAZ, CANDITA  
Address: 1017 N.W. 29TH AVENUE  
City-St-Zip: MIAMI, FL 33125

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: CANDIDA DIAZ

P

04/26/2010

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

\_\_\_\_\_  
Date