

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90013 022 \*\*\*150.00

**DOCUMENT # P95000024744**

1. Entity Name  
Linsa Associates, Inc.



Principal Place of Business

15405 EAGLE NEST LANE 15476 NW 77CT.  
SUITE 120 ± 326  
MIAMI LAKES, FL 33044 US 33016

Mailing Address

15476 N.W. 77TH CT. #326  
MIAMI LAKES, FL 33016 US

**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0574391

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVA, JUAN CARLOS  
15476 N.W. 77TH CT.  
MIAMI LAKES, FL 33016

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPT  
NAME SILVA, JUAN CARLOS  
STREET ADDRESS 16021 NW 79TH CT  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE P  
NAME GALINDO, MARIA V  
STREET ADDRESS 1901 BRICKELL AVE #708B  
CITY-ST-ZIP MIAMI, FL 33129

TITLE VPS  
NAME SILVA, SANDRA  
STREET ADDRESS 16021 NW-79TH CT  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Silva - SANDRA SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

786 543 1140

Daytime Phone #