

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 17 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p97000085799**

1. Entity Name

**The Leakinator Gatek
Repair, Inc**



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2. Principal Place of Business - No P.O. Box #

2001 SW 20 ST

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 119.

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

4. FEI Number

65-078554

Applied For

Not Applicable

CR2E034B (1/11)

Zip

33315

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Cesar de la Presilla

Street Address (P.O. Box Number is Not Acceptable)

2001 SW 20 ST Suite 119.

City

Fort Lauderdale

FL

Zip Code

33315

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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]

Cesar de la Presilla

05/13/2011

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

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Cesar de la Presilla
2001 SW 20 ST # 119, Fort Lauderdale**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vicepresident
Clara de la Presilla
2001 SW 20 ST # 119, Fort Lauderdale**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 107, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE:

[Signature]

Cesar de la Presilla

DATE

05/13/11 (305) 318-9583

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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