

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003355

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: LERA CONSULTING GROUP, INC.

**Current Principal Place of Business:**

5245 N.W. 36TH ST  
#209  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

5245 N.W. 36TH ST  
#209  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

FEI Number: 65-0809267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LERA, MARTHA  
5245 NW 36TH STREET  
#209  
MIAMI SPRINGS, FL 33166 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: PST  
Name: LERA, MARTHA  
Address: 5245 NW. 36TH STREET #209  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: PRES  
Name: LERA, MARTHA  
Address: 5245 NW. 36TH STREET #209  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: PST  
Name: LERA, MARTHA  
Address: 5245 NW. 36TH STREET #209  
City-St-Zip: MIAMI SPRINGS, FL 33166

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: MARTHA LERA

PST

04/21/2011

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

\_\_\_\_\_ Date