

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000006273**

1. Entity Name  
**LEVESCO CORPORATION, INC.**



Principal Place of Business

**2826 E. OAKLAND PARK BLVD., SUITE 200  
FT. LAUDERDALE, FL 33306**

Mailing Address

**2826 E. OAKLAND PARK BLVD., SUITE 200  
FT. LAUDERDALE, FL 33306**



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0876547</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BULFIN, ROBERT M  
2826 E. OAKLAND PARK BLVD., SUITE 200  
FT. LAUDERDALE, FL 33306**

**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**

U00000933054

05/22/08-80081-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLEESON, KIERAN 3419 N. ANDREWS AVE. OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULFIN, ROBERT M 2826 E OAKLAND PARK BLVD. STE 200 FORT LAUDERDALE, FL 33306
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**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:

*Robert M. Bulfin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Robert M. Bulfin

Date

954  
565-4002  
Daytime Phone #