

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000004593

Entity Name: OSAFER LEGAIR, PA

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1601 N PALM AVENUE  
#307  
PEMBROKE PINES, FL 330263242 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 N PALM AVENUE  
#307  
PEMBROKE PINES, FL 330263242 US

**New Mailing Address:**

FEI Number: 65-0887431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE LEGAIR LAW FIRM PA  
1601 N. PALM AVENUE  
# 307  
PEMBROKE PINES, FL 330263242 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: PSTD  
Name: LEGAIR, OSAFER  
Address: 1601 NORTH PALM AVENUE # 307  
City-St-Zip: PEMBROKE PINES, FL 330263242 US

Title: D  
Name: LEGAIR, OSAFER  
Address: 1601 N. PALM AVENUE, SUITE 307  
City-St-Zip: PEMBROKE PINES, FL 330263242 US

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: OSAFER LEGAIR

PSTD

04/04/2012

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

\_\_\_\_\_  
Date