

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000088758

**Entity Name:** LICIA MARIA DA SILVA LEAL DE SOUZA, P.A.

**Current Principal Place of Business:**

1199 NW 130TH AVENUE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1199 NW 130TH AVENUE  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 20-3035960

**Certificate of Status Desired:** No

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

LEAL DE SOUZA, LICIA MDASILVA  
1199 NW 130TH AVENUE  
PEMBROKE PINES, FL 33028 US

*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

**Officer/Director Detail :**

Title PD  
Name LEAL, LICIA M  
Address 1199 NW 130TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** LICIA MARIA DA SILVA LEAL DE SOUZA

**PRESIDENT**

**03/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date