

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000006765

**FILED**  
**Feb 07, 2014**  
**Secretary of State**  
**CC8252608842**

**Entity Name:** ELLEN L LEESFIELD PA

**Current Principal Place of Business:**

201 ALHAMBRA PLAZA  
SUITE 1205  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA PLAZA  
SUITE 1205  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-1832727

**Certificate of Status Desired:** No

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

LEESFIELD, ELLEN L  
201 ALHAMBRA PLAZA  
SUITE 1205  
CORAL GABLES, FL 33134 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 P  
Name LEESFIELD, ELLEN L  
Address 201 ALHAMBRA PLAZA SUITE 1205  
City-State-Zip: CLORAL GABLES FL 33134

Title S  
Name LEESFIELD, ELLEN L  
Address 201 ALHAMBRA PLAZA SUITE 1205  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name LEESFIELD, ELLEN L  
Address 201 ALHAMBRA PLAZA SUITE 1205  
City-State-Zip: CORAL GABLES FL 33134

*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:** ELLEN LEESFIELD

**PRESIDENT**

**02/07/2014**

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

\_\_\_\_\_  
Date