

COVER SHEET

for

AUDITED FINANCIAL STATEMENTS

SEC Registration Number

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COMPANY NAME

L	A	V	I	E	W	S	E	C	U	R	I	T	Y	P	H	I	L	I	P	P	I	N	E	S		
I	N	C	.																							

PRINCIPAL OFFICE (No. / Street / Barangay / City / Town / Province)

U	N	I	T	3	0	6	3	/	F	T	H	E	G	A	T	E	W	A	Y								
C	E	N	T	R	E	P	A	S	E	O	D	E	M	A	G	A	L	L	A	N	E	S					
M	A	G	A	L	L	A	N	E	S	V	I	L	L	A	G	E	,	M	A	K	A	T	I	C	I	T	Y

Form Type

A	F	S
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Department requiring the report

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Secondary License Type, If Applicable

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COMPANY INFORMATION

Company's email Address

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Company's Telephone Number

8510412

Mobile Number

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No. of Stockholders

8

Annual Meeting (Month / Day)

ANY DAY OF APRIL

Fiscal Year (Month / Day)

DECEMBER 31

CONTACT PERSON INFORMATION

The designated contact person **MUST** be an Officer of the Corporation

Name of Contact Person

TOM Y. TSENG

Email Address

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Telephone Number/s

8510412

Mobile Number

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CONTACT PERSON'S ADDRESS

UNIT 306 3/F THE GATEWAY CENTRE, PASEO DE MAGALLANES, MAGALLANES VILLAGE, MAKATI CITY

NOTE 1 : In case of death, resignation or cessation of office of the officer designated as contact person, such incident shall be reported to the Commission within thirty (30) calendar days from the occurrence thereof with information and complete contact details of the new contact person designated.

2 : All Boxes must be properly and completely filled-up. Failure to do so shall cause the delay in updating the corporation's records with the Commission and/or non-receipt of Notice of Deficiencies. Further, non-receipt of Notice of Deficiencies shall not excuse the corporation from liability for its deficiencies.