


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90025 007 ***150.00

DOCUMENT # 490913

1. Entity Name
LYSAN FORWARDING COMPANY



Principal Place of Business
5220 NW 72ND AVE BAY-34
MIAMI, FL 33166

Mailing Address
P.O. BOX 972687
MIAMI, FL 33297-2687

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.


3. Mailing Address
5210 Yanceyville Rd.
 Suite, Apt. #, etc.

City & State
Browns Summit, N.C.

City & State
Browns Summit, N.C.

Zip
27214-9637

Country
U.S.A.



02122008 Chg-P CR2E034 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MACDOUGALL, MARIA V.
5220 N.W. 72ND AVE., BAY-34
MIAMI, FL 33166

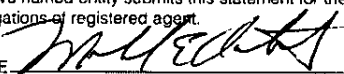
7. Name and Address of New Registered Agent
 Name
Michael E. Oestrike

Street Address (P.O. Box Number is Not Acceptable)
407 N.E. 1st Street

City
Crystal River

FL Zip Code
34429

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  **Michael E. Oestrike** **2/14/08**


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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACDOUGALL, MARIA V. 19830 S.W. 101ST AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARIA V. MACDOUGALL 5210 YANCEYVILLE RD. Browns Summit, NC 27214-9637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACDOUGALL, MARIA V. 19830 S.W. 101ST AVE. MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **MARIA V. MACDOUGALL** **04/18/08** **305-592-6375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #