


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90062 038 \*\*\*158.75

**DOCUMENT # 607162**  
 1. Entity Name  
**L.A.V. INVESTMENTS, INC.**



Principal Place of Business  
**1801 CHANOELLE CT  
 PORT ORANGE FL 32128**

Mailing Address  
**1801 CHADELLE COURT  
~~DAYTONA BEACH FL 32124~~  
 PORT ORANGE FL 32128**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1886329** Applied For  
 Not Applicable

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

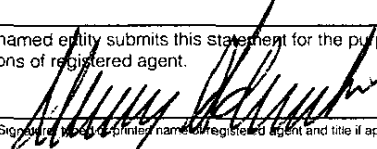


MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**SCHREIBER, HENRY  
 1801 CHANDELLE CT  
 PORT ORANGE FL 32128**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHREIBER, HENRY	
STREET ADDRESS	1800 CHANDELLE COURT	
CITY-ST-ZIP	DAYTONA BCH FL 32124	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHREIBER, ADRIAN	
STREET ADDRESS	64015 WEST SHORE	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SCHREIBER, LESLIE	
STREET ADDRESS	1800 CHANDELLE CT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHREIBER, MARGARET	
STREET ADDRESS	1800 CHANDELLE COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHREIBER, VANESSA	
STREET ADDRESS	1800 CHANDELLE COURT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY SCHREIBER	
STREET ADDRESS	1801 Chandellem Court	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIAN SCHREIBER	
STREET ADDRESS	3606 S Belcher Blvd	
CITY-ST-ZIP	Tampa FL 33629	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE J. Schreiber	
STREET ADDRESS	4095 HARDIE - Coconut Grove	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Schreiber	
STREET ADDRESS	1801 Chandellem Court	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vanessa Schreiber	
STREET ADDRESS	13326 MAXELLA AVE #44	
CITY-ST-ZIP	MARINA del Rey CA 90292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **January 9, 2004** **3867618043**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #