


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 662656		
1. Entity Name L & M REALTY CORP.		
Principal Place of Business 2131 HOLLYWOOD BLVD STE 505 HOLLYWOOD, FL 33020 US	Mailing Address 2131 HOLLYWOOD BLVD STE 505 HOLLYWOOD, FL 33020 US	



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1998873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MILLER, ROBERT C/O ELLIOT D. STEIN, CPA 2131 HOLLYWOOD BLVD, STE 505 HOLLYWOOD, FL 33020
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P LIERBERMAN, SYLVIA K 3503 OAKS WAY, #406 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V MILLER, ROBERT L 17201 GRAND BAY DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V STEIN, ELLIOT D 2131 HOLLYWOOD BLVD., #505 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BERMAN, EDWARD M 745 FIFTH AVE. NEW YORK, NY 10151
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

11000000585896  
01/16/07-80035-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-1-8-07-  
Date Daytime Phone #