## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # L96217

1. Entity Name

LTC INVESTMENTS, INC.



**FILED** Mar 29, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

4444 SW 71ST AVENUE

**SUITE #107** MIAMI, FL 33155 Mailing Address

4444 SW 71ST AVENUE **SUITE #107** 

MIAMI, FL 33155



## DO NOT WRITE IN THIS SPACE

03152006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0225938 Applied For Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, ROLANDO 4444 SW 71ST AVE **SUITE 107** MIAMI, FL 33155

## DO NOT WRITE IN THIS SPACE

		<b>\</b>				
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose at changing its registered offi	ce or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title I					
	Signature, types or printed name or registered agent and the r	r spylicadie (NOTE: Hegistered Agent	eignaturi	required when roinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.     Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE . NAME STREET ADDRESS GITY-ST-ZIP	PDS IGLESIAS, ROLANDO 4444 SW 71 AVE #107 MIAMI, FL 33155					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	VD IGLESIAS, JOSE L 4444 SW 71 AVE #107 MIAMI, FL 33155			000000485543 04/12/06-80087-012 150.00 <b>DO NOT WRITE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR