


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L96217

1. Entity Name
LTC INVESTMENTS, INC.



Principal Place of Business 4444 SW 71ST AVENUE SUITE #107 MIAMI, FL 33155	Mailing Address 4444 SW 71ST AVENUE SUITE #107 MIAMI, FL 33155 US
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0225938	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

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

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS IGLESIAS, ROLANDO 4444 SW 71 AVE #107 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IGLESIAS, JOSE L 4444 SW 71 AVE #107 MIAMI, FL 33155
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04/04/07-80061-019 150.00

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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: *Rolando Iglesias* 04/01/07 305-667-0470

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