


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M61426 1. Entity Name L.N.V., INC.	
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Principal Place of Business 3564 S. MILITARY TRAIL LAKE WORTH, FL 33463 US	Mailing Address 3564 S. MILITARY TRAIL LAKE WORTH, FL 33463 US
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01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0024810	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

PEILLY, ORRIN R 105 S. NARCISSUS AVE, STE. 705 WEST PALM BEACH, FL 33401
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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 _____
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, 2004 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- ST- ZIP	D VOGEL, ALICIA 3564 SO. MILITARY TRAIL LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAFFEO, NANEE 3564 SO. MILITARY TRAIL LAKE WORTH, FL 33463
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02/04/04-80142-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04 (51) 905 2200