


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90050 025 \*\*\*150.00

**DOCUMENT # M61426**

1. Entity Name  
 L.N.V., INC.



Principal Place of Business      Mailing Address  
 3564 S. MILITARY TRAIL      3564 S. MILITARY TRAIL  
 LAKE WORTH, FL 33463 US      LAKE WORTH, FL 33463 US

**50058076**



2. Principal Place of Business      3. Mailing Address  
 1661 So CONGRESS AVE      1661 So CONGRESS AVE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

07222005      Chg-P      CR2E034 (10/03)

City & State      City & State  
 West Palm Beach FL      W.P.B. FL

4. FEI Number      Applied For  
 65-0024810      Not Applicable

Zip      Country      Zip      Country  
 33406      P.B.      33406      P.B.

5. Certificate of Status Desired            \$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

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 \_\_\_\_\_ 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**  
**Due by September 7, 2005**

9. Election Campaign Financing            \$5.00 May Be Added to Fees  
 Trust Fund Contribution.      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOGEL, ALICIA	
STREET ADDRESS	3564 SO. MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAFFEO, NANEE	
STREET ADDRESS	3564 SO. MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICIA VOGEL	
STREET ADDRESS	1661 SO CONGRESS AVE	
CITY-ST-ZIP	W.P.B. FL 33406	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANEE MAFFEO	
STREET ADDRESS	1661 SO CONGRESS AVE	
CITY-ST-ZIP	W.P.B. FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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** *Alicia Vogel* **D ALICIA VOGEL**      7/22/05      561-968-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #