

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2009
Secretary of State**

DOCUMENT# N08000004187

Entity Name: LSR PRESS, INC.

Current Principal Place of Business:

2199 NW 22 COURT
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 143529
CORAL GABLES, 33114

New Mailing Address:

PO BOX 143529
CORAL GABLES, FL 33114

FEI Number: 65-0284619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLEVADA, E JERRY
2199 NW 22 COURT
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LLEVADA, E JERRY
Address: P.O. BOX 143529
City-St-Zip: CORAL GABLES, FL 33114

Title: VP () Delete
Name: LLEVADA, NILDA C
Address: P.O. BOX 143529
City-St-Zip: CORAL GABLES, FL 33114

Title: S () Delete
Name: LLEVADA, YASMIN
Address: P.O. BOX 143529
City-St-Zip: CORAL GABLES, FL 33114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E JERRY LLEVADA

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date