## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 06, 2006 08:00 AN **Secretary of State DOCUMENT # P03000038838** 1. Entity Name LT & R INVESTMENT, INC. Principal Place of Business Mailing Address 5000 N W 4TH AVE. 5000 N W 4TH AVE. MIAMI, FL 33126 MIAMI, FL 33126 07032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0513757 Not Applicable \$8,75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TIMOR, LEONARDO 5000 N W 4TH AVE. MIAMI, FL 33126 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Added to Fees Due by September 6, 2006 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE TIMOR, LEONARDO NAME 5000 N W 4TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 U00000568075 07/06/06-80007-007 150.00 TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME SURFET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

zos-470-2274

**FILED**