2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146750

MILLER, FRANK

6615 W. BOYNTON BEACH BLVD. SUITE 344

BOYNTON BEACH, FL 33437 US

Name:

Address:

City-St-Zip:

Entity Name: LAUDERDALE INVESTIGATIONS, INC.

FILED Apr 30, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
633 SE 3 / SUITE 302 FT LAUDE				
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
633 SE 3 / SUITE 302 FT LAUDE				
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent	: Name and Address o	f New Registered Agent:	
SUITE 344	OYNTON BEACH BLVD			
	e named entity submits this statement for t e of Florida.	he purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () Delete MILLER, FRANK 6615 W. BOYNTON BEACH BLVD. SUITE 344 BOYNTON BEACH, FL 33437 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete LANGSTON, DAVID 6615 W. BOYNTON BEACH BLVD. SUITE 344 BOYNTON BEACH,, FL 33437 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () Delete MILLER, FRANK 6615 W. BOYNTON BEACH BLVD. SUITE 344 BOYNTON BEACH, FL 33437 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TRES () Delete	Title:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK MILLER PRES 04/30/2009