


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90166 006 ***150.00

DOCUMENT # P06000108920

1. Entity Name
L&C REMODELING & RESTORATION, CORP.



Principal Place of Business Mailing Address
12525 NE 13 AVE APT 205 **12525 NE 13 AVE APT 205**
NORTH MIAMI, FL 33161. **NORTH MIAMI, FL 33161**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
13241 SW - 10 Manor **13241 SW - 10 Manor**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01062007 Chg-P CR2E034 (12/06)

City & State City & State
Davie - FL **Davie - FL**

Zip Country Zip Country
33325 **U.S.A.** **33325** **U.S.A.**

4. FEI Number Applied For
20-542 1329 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUIZ, JOSE LUIS
12525 NE 13 AVE APT 205
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent
 Name: **Jose Luis Ruiz**
 Street Address (P.O. Box Number is Not Acceptable):
13241 SW - 10 Manor
Davie - FL **33325**
 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: *[Signature]* DATE: **04-02-07**

Applicable only if the name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, JOSE LUIS 12525 NE 13 AVE APT 205 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13241 SW - 10TH Manor - Davie - FL - 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VELAZQUEZ RUIZ, CRISTINA INEZ 12525 NE 13 AVE APT 205 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13241 SW - 10TH Manor - Davie - FL - 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: *[Signature]* DATE: **04-02-07** DAYTIME PHONE #: **786.2857877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR