

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 321688

FILED
Jan 04, 2011
Secretary of State

Entity Name: LOTSPEICH CO. OF FLORIDA, INC.

Current Principal Place of Business:

6351 NORTHWEST 28 WAY
STE A
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6351 NORTHWEST 28 WAY
STE A
FT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 59-1171393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEE, DAVID H
6351 NORTHWEST 28 WAY
STE A
FT LAUDERDALE, FL 33309 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: CEO
Name: FEE, DAVID
Address: 2782 NE 27TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VP
Name: LIGON, JERRY
Address: 2600 SPANISH RIVER ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: PRES
Name: FEE, MICHAEL
Address: 2440 NE 26TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP
Name: FEE, JEFF
Address: 6351 NW 28TH WAY, SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP
Name: TRIBBLE, MARK
Address: 6351 NW 28TH WAY, SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: EVP
Name: GORDON, ROBERT
Address: 6351 NW 28TH WAY, SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: DAVID FEE

CEO

01/04/2011

Electronic Signature of Signing Officer or Director

Date