


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 297906</b> 1. Entity Name L.A.I., INC.	
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Principal Place of Business 2900 EAST OAKLAND PK BLVD #103 FORT LAUDERDALE, FL 33306	Mailing Address 2900 EAST OAKLAND PK BLVD #103 FORT LAUDERDALE, FL 33306-1804
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**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1159156	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  BUCK, DAVID 2900 EAST OAKLAND PARK BLVD #103 FORT LAUDERDALE, FL 33306-1804
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**DO NOT WRITE  
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000942256 05/29/08-80011-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD O'NEAL, PATRICK 2900 E OAKLAND PARK, 3RD FLR FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EAKIN-MOODY, HOLLY 2900 E OAKLAND PARK BLVD, #200 FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUCK, DAVID 2900 E OAKLAND PK BLVD STE #103 FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> <u>DAVID E BUCK</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>TREASURER</u> <u>4/30/08</u> <u>9545613303</u> <small>Date Daytime Phone #</small>
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