2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006
Secretary of State

DOCUMENT# 368622

Entity Name: L.E. SEITZ ASSOCIATES, INC.

Current Principal Place of Business:

8450 N W 68 STREET
#6
MIAMI, FL 33166 US

New Principal Place of Business:

250 BIRD ROAD
312
CORAL GABLES, FL 33146 US

Current Mailing Address:

P O BOX 347348
CORAL GABLES, FL 332347348

New Mailing Address:

P O BOX 347348
MIAMI, FL 332347348

FEI Number: 59-1300594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIGNO, ANGELA
8450 NW 68 STREET
#6
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

CIGNO, ANGELA
250 BIRD ROAD
312
CORAL GABLES, FL 33146 US

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: ANGELA CIGNO 07/20/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SEITZ, LARRY E
Address: 8450 NW 68 ST #6
City-St-Zip: MIAMI, FL 33166

Title: VSD ( ) Delete
Name: CIGNO, ANGELA
Address: 8450 NW 68 ST #6
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SEITZ, LARRY E
Address: 250 BIRD ROAD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VSD (X) Change ( ) Addition
Name: CIGNO, ANGELA
Address: 250 BIRD ROAD
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ANGELA CIGNO VSD 07/20/2006
Electronic Signature of Signing Officer or Director Date