2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 368622

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

Principal Place of Business	Mailing Address
250 BIRD ROAD	P O BOX 347348
312	MIAMI, FL 33234-7348
CORAL GABLES, FL 33146 US	

DO NOT WRITE IN THIS SPACE

02112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1300594	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000826826
02/21/08-80066-005 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEITZ, LARRY E
STREET ADDRESS	250 BIRD ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VSD
NAME	CIGNO, ANGELA
STREET ADDRESS	250 BIRD ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Angela Cigno, V.P._ ANGELA CIGNO   2/10/08   305-576-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #