

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 409157

1. Entity Name
LONGCHAMP INVESTMENT CO., INC.



Principal Place of Business
8210 HAMPTONWOOD DR
BOCA RATON, FL 33433

Mailing Address
8210 HAMPTONWOOD DR
BOCA RATON, FL 33433

2. Principal Place of Business
1600 S. OCEAN LANE
Suite, Apt. #, etc.
126

3. Mailing Address
1600 S. OCEAN LANE
Suite, Apt. #, etc.
126

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

Zip Country
33316 U.S.A.

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33316 U.S.A.

08112006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1425026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LONGCHAMP, GARY
8210 HAMPTONWOOD DR.
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name GARY LONGCHAMP
Street Address (P.O. Box Number is Not Acceptable)
1600 S. OCEAN LANE #126
City FT. LAUDERDALE FL Zip Code 33316

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 *Gary Longchamp*

(NOTE: Registered Agent signature required when reinstating)

10/09/06

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME LONGCHAMP, GARY
STREET ADDRESS 8210 HAMPTONWOOD DR.
CITY-ST-ZIP BOCA RATON, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1600 S. OCEAN LANE #126
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500081474285
CITY-ST-ZIP 11/02/06--01035--010 **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Gary Longchamp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/06

Date

Daytime Phone #

FILED

06 NOV -2 AM 11:18

CLERK OF STATE
TALLAHASSEE, FLORIDA

