



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 453361 1. Entity Name L-S-R, INC.		
Principal Place of Business 820 N.E. 2ND AVE FORT LAUDERDALE, FL 33304		Mailing Address 820 N.E. 2ND AVE FORT LAUDERDALE, FL 33304
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MACDONALD, J. RICHARD 3020 N.E. 41ST STREET FORT LAUDERDALE, FL		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	C	
NAME	MACDONALD, RICHARD	
STREET ADDRESS	3020 NE 41ST ST	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	D	
NAME	FEARON, GREGORY	
STREET ADDRESS	12943 HYLAND CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	P	
NAME	MCKAY, TERRY S	
STREET ADDRESS	20810 SONETO DR.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	STD	
NAME	MCKAY, JOHN	
STREET ADDRESS	20810 SONETO DR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		
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: 		4/25/06 957763-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1536631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000539185
05/09/06-80090-016 150.00

**DO NOT WRITE
IN THIS SPACE**