

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 525130

Entity Name: L. S. W., INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

17098 COLLINS AVE
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

17098 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17098 COLLINS AVE
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

17098 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

FEI Number: 59-1752514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDSTEIN, LEON
17094 COLLINS AVENUE
VISTAVIEW APARTMENTS, BUILDING A
MIAMI BEACH, FL US

Name and Address of New Registered Agent:

LESNIAK, STANLEY
17098 COLLINS AVENUE
C/O VISTAVIEW APARTMENTS
SUNNY ISLES BEACH, FL 33160 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: STANLEY LESNIAK

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILDSTEIN, LEON,
Address: 17094 COLLINS AVENUE
City-St-Zip: MIAMI BEACH FL,

Title: VPD () Delete
Name: LESNIAK, ROMAN,
Address: 17094 COLLINS AVENUE
City-St-Zip: MIAMI BEACH FL,

Title: SD () Delete
Name: LESNIAK, ROMAN,
Address: 17094 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILDSTEIN, LEON
Address: 17098 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VPD (X) Change () Addition
Name: LESNIAK, ROMAN
Address: 17098 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SD (X) Change () Addition
Name: LESNIAK, ROMAN
Address: 17098 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEON WILDSTEIN

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date