
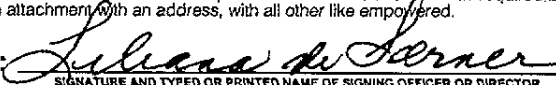


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 846825 1. Entity Name LAVIN INVESTMENTS, INC.			
Principal Place of Business C/O LEVI RATTNER & CAHLIN CPA PA 20590 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180		Mailing Address C/O LEVI RATTNER & CAHLIN CPA PA 20590 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	
DO NOT WRITE IN THIS SPACE			
		01102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2042768	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVI, ALLEN 20590 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180		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 reinstalling)</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 NAME STREET ADDRESS CITY - ST - ZIP	PD LERNER, SALOMON 2627 N.E. 203 ST., SUITE 202 NORTH MIAMI BEACH, FL 33180		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DE LERNER, LILIANA K. 2627 N.E. 203 ST., SUITE 202 NORTH MIAMI BEACH, FL 33180		
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			
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: 		Date: Jan 28, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	