

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90043 040 \*\*\*158.75

**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**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2042768**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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 \_\_\_\_\_

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**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LERNER, SALOMON
STREET ADDRESS	2027 N.E. 203 ST., SUITE 202 1800 N.E. 114 <sup>TH</sup> ST #2401
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180 N. MIAMI, FLA 33181
TITLE	ST
NAME	DE LERNER, LILIANA K.
STREET ADDRESS	2027 N.E. 203 ST., SUITE 202 1800 NE 114 <sup>TH</sup> ST #2401
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180 N. MIAMI, FLA 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Liliana Lerner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08  
Date

Daytime Phone # \_\_\_\_\_