

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-09-2004 90055 003 ***150.00

66414461



MOORE CR2E034 (11/03)

DOCUMENT # F00000006934 1. Entity Name LH ROSS HOLDING CORP.																													
Principal Place of Business 2255 GLADES ROAD 425 W BOCA RATON FL 33431			Mailing Address 2255 GLADES ROAD 425 W BOCA RATON FL 33431																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 65-0539786																									
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
Zip		Country		Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent MICHELIN, FRANK 2255 GLADES ROAD, SUITE 425W BOCA RATON FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">CP</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MICHELIN, FRANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2255 GLADES ROAD, SUITE 425W</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33431</td> <td></td> </tr> </table>			TITLE	CP	<input type="checkbox"/> Delete	NAME	MICHELIN, FRANK		STREET ADDRESS	2255 GLADES ROAD, SUITE 425W		CITY-ST-ZIP	BOCA RATON FL 33431		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 files empowered.																													
SIGNATURE: _____ <i>[Signature]</i> Date April 19, 2004 <i>[Signature]</i> 66414461																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													