

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90371 003 ***150.00

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1. Entity Name
L.S. HOLDINGS (USA), INC.



Principal Place of Business
6800 NW BROKEN SOUND PARKWAY
BOCA RATON, FL 33487

Mailing Address
6800 NW BROKEN SOUND PARKWAY
BOCA RATON, FL 33487

40074269



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0150500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33487

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME BAUMGARDNER, ROBERT L
STREET ADDRESS 6800 NW BROKEN SOUND PARKWAY
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE SD
NAME BOSTIC-HOLLAND, CLARETTA
STREET ADDRESS 6800 NW BROKEN SOUND PARKWAY
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D
NAME HERON, PATRICK
STREET ADDRESS 6800 NW BROKEN SOUND PARKWAY
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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: Patrick Heron PATRICK HERON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27, 2006 5612060080
Date Daytime Phone #