

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02829

FILED  
Jan 26, 2012  
Secretary of State

**Entity Name:** RICHARD LEHMANN AND ASSOCIATES, INC.

**Current Principal Place of Business:**

6175 NW 153 STREET  
SUITE 201  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6175 NW 153 STREET  
SUITE 201  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 59-2402235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEHMANN, RICHARD C  
6175 NW 153 STREET  
SUITE 201  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LEHMANN, RICHARD C  
Address: 8367 NW 147 TERR  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D  
Name: LEHMANN, RICHARD T  
Address: 8367 NW 147 TERR  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D  
Name: LEHMANN, KATHERINE A MS  
Address: 8367 NW 147 TERR  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D  
Name: LEHMANN, ANDREW C  
Address: 6175 NW 153 ST SUITE 201  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D  
Name: LEHMANN, SARAH A  
Address: 6175 NW 153 ST SUITE 201  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby 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 all other like empowered.

SIGNATURE: RICHARD LEHMANN

DP

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date