## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J20018

Name:

Address:

City-St-Zip:

MACKENZIE, MURDO

2125 HOLLYWOOD BOULEVARD

HOLLYWOOD, FL 33020 US

FILED Apr 24, 2009 Secretary of State

Entity Nan	ne: L.B.S	LATER AND COM	MPANY, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
2125 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 US				603 NORTH FEDERAL HIGHWAY SUITE 1 HOLLYWOOD, FL 33020 US			
Current Mailing Address:				New Maili	New Mailing Address:		
	2125 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 US			603 NORTH FEDERAL HIGHWAY SUITE 1 HOLLYWOOD, FL 33020 US			
FEI Number:	59-2808277	FEI Number Ap	oplied For ( ) FEI Nu	ımber Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LEVITT, PRESTON C ESQ 961S.W. 88TH TERRACE PLANTATION, FL 33324 US				LEVITT, PRESTON C ESQ 961 S.W. 88TH TERRACE PLANTATION, FL 33324 US			
The above in the State		ty submits this sta	tement for the purpose	of changing i	ts registered o	office or registered agent, or both,	
SIGNATURE:					04/24/2009		
Electronic Signature of Registered Agent				Date			
Election Cam	paign Finan	cing Trust Fund Con	tribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete ANDRE M STREET #107 DD, FL 33020 US		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		() Delete VICTORIA L ITSWELL DRIVE 'A, GA 30022 US		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title:	VPD	( ) Delete		Title:	VPD (X	K) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MACKENZIE, MURDO

HOLLYWOOD, FL 33020 US

1342 POLK STREET

SIGNATURE: ANDRE M. MOLINARI PSD 04/24/2009