2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J37075 1. Entity Name LANDCORE INVESTMENTS CO., INC.



FILED Apr 13, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Fee Required

Principal Place of Business

% ULYSEES MOORE 2305 NW 6TH ST, STE C FT. LAUDERDALE, FL 33311 US Mailing Address

% ULYSEES MOORE 2420 N.W. 23RD LANE FT. LAUDERDALE, FL 33311



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired		\$8.75 Additional	
68		Not Applicable	
4. FEI Number		Applied For	
	68	68	

6. Name and Address of Current Registered Agent

MOORE, ULYSEES 2420 N.W. 23RD LANE FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

No Cha-P

04092007

8. The above the obligat	named entity submits this statement for the plions of registered agent:	urpose of changing its registered o	ffice or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept $44-10-0.7$
Sicionic	Signature, typed or printed nume of registered agent and title it	supplicable. (NOTE: Registered Age	it signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution:	³ 🗆	\$5.00 May Be Added to Fees	:
10.	OFFICERS AND DIRECT	TORS ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, ULYSEES 2420 N.W. 23RD LANE FT. LAUDERDALE, FL				U00000704214
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/23/07-80002-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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12. I hereby o	certify that the information supplied with this file	ling does not qualify for the exemp	tions co	ntained in Chapter 119), Florida Statutes. I further certify that the information

12. Increby 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 receiveryor 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:

BY TURE AND TYPED OF PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

4-15-07 Design

Daytime Phone #