


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90160 028 ***150.00

DOCUMENT # K33389 1. Entity Name LERICH, INC.					
Principal Place of Business % CHARLES M. REGGIANI 3434 S.W. 15TH ST. DEERFIELD BCH., FL 33442 US			Mailing Address % CHARLES M. REGGIANI 3434 S.W. 15TH ST. DEERFIELD BCH., FL 33442 US		
2. Principal Place of Business 2000 S. OCEAN BLVD		3. Mailing Address 2000 S. OCEAN BLVD			
Suite, Apt. #, etc. 12K		Suite, Apt. #, etc. 12K			
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 65-0078283	
Zip 33432		Country U.S.A		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REGGIANI, CHARLES M. 2000 S OCEAN BLVD APT 12-K BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS REGGIANI, CHARLES M. 2000 S OCEAN BLVD #12-K BOCA RATON, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REGGIANI, RICHARD C. 2000 S OCEAN BV 12-K BOCA RATON, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REGGIANI, VIOLET T 2000 S. OCEAN BLVD., 12K BOCA RATON, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: CHARLES M. REGGIANI <i>Charles M. Reggiani</i> TREAS 2/28/06 561-368-4291 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					