2007 FOR PROFIT CORPORATION ANNUAL REPORT

rile.	ע
Mar 29, 2007	08:00 A
Secretary	of State

THE TEN

7.1111-0712-1121-0111						
DOCUMENT # K33389 1. Entity Name LERICH, INC.						
Principal Place of Business 2000 S OCEAN BLVD 12K BOCA RATON, FL 33432 US	Mailing Address 2000 S OCEAN BLVD 12K BOCA RATON, FL 33432	US				



02272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0078283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent

REGGIANI, CHARLES M. DO NOT WRITE 2000 S OCEAN BLVD **APT 12-K** IN THIS SPACE BOCA RATON, FL 33432

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							
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
NAME STREET ADDRESS CITY-S1-ZIP	DTS REGGIANI, CHARLES M. 2000 S OCEAN BLVD #12-K BOCA RATON, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGGIANI, RICHARD C. 2000 S OCEAN BV 12-K BOCA RATON, FL				U00000581228 04/04/07-80034-010 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REGGIANI, VIOLET T 2000 S. OCEAN BLVD., 12K BOCA RATON, FL			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Clorida Statutos I further certify that the information		

indicated on this report or supplied with this illing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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. F	RESCAMI CHARLES M. REGGIANI	3/27/07	561-368-4791
	NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #