


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90063 001 ***300.00

DOCUMENT # K53823

1. Entity Name
LOT 54 CORPORATION



Principal Place of Business Mailing Address

**444 BRICKELL AVENUE
 PLAZA 51, SUITE 327
 MIAMI, FL 33131 US**

**444 BRICKELL AVENUE
 PLAZA 51, SUITE 327
 MIAMI, FL 33131 US**

66001359



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

**340 Poinciana Way, Suite 326
 Palm Beach, FL 33480**

**P.O. Box 11
 Palm Beach, FL 33480**

Palm Beach County

Palm Beach County

01242008 Chg-P CR2E034 (12/06)

4. FEI Number **83-0466401** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

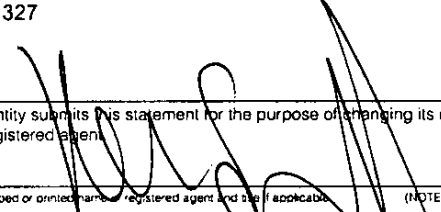
6. Name and Address of Current Registered Agent

**GAZTAMBIDE, MARIO F JR
 444 BRICKELL AVENUE
 PLAZA 51, SUITE 327
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Spiegel, Robert**
 Street Address **340 Poinciana Way, Suite 326**
Palm Beach, FL 33480
 City _____ Zip Code _____

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 **Robert Spiegel 1/24/08**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

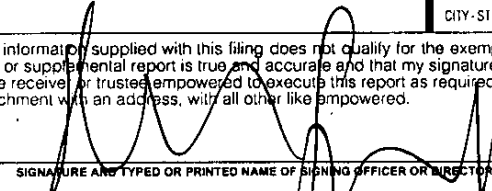
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FONALLEDAS, JAIME <input checked="" type="checkbox"/> Delete 350 CHARDON AVE, TORRE, CHARDON BLDG #900 SAN JUAN, PR 00918
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GAZTAMBIDE, MARIO F SR <input checked="" type="checkbox"/> Delete 104 DE DIEGO AVENUE SAN JUAN, PR 00927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Spiegel, Robert I <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 340 Poinciana Way, Suite 326 Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Armando Gutierrez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1350 NW 8 th Court, PH#2 Miami, FL 33136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  DATE **Robert Spiegel 1/23/08** 561-832-8502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #