


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M04678 1. Entity Name LOTSPEICH COMPANY, INC.	
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Principal Place of Business 16101 NW 54 AVE MIAMI, FL 33014	Mailing Address 16101 NW 54 AVE MIAMI, FL 33014
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2793728	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOTSPEICH, JAY W. 16101 NW 54 AVE MIAMI, FL 33014
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

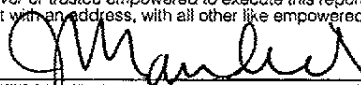
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000140381
04/29/04-80160-012 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LOTSPEICH, JAY W. 16101 NW 54 AVE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANDICH, JIM 16101 NW 54 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EV MASSON, SCOTT 16101 NW 54TH AVE. MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, DON 16101 NW 54TH AVE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAWSON, DON 16101 NW 54TH AVE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.22.04 305.624.7777
Date Daytime Phone #