

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M04678

FILED  
Mar 28, 2011  
Secretary of State

Entity Name: LOTSPEICH COMPANY, INC.

**Current Principal Place of Business:**

16101 NW 54 AVE  
MIAMI, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

16101 NW 54 AVE  
MIAMI, FL 33014

**New Mailing Address:**

FEI Number: 59-2793728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANDICH, JAMES M  
16101 NW 54 AVE  
MIAMI, FL 33014 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: LOTSPEICH, JAY W  
Address: 16101 NW 54 AVE  
City-St-Zip: MIAMI, FL 33014

Title: DP  
Name: MASSON, SCOTT  
Address: 16101 NW 54 AVE  
City-St-Zip: MIAMI, FL 33014

Title: VP  
Name: GORDON, CRAIG  
Address: 16101 NW 54TH AVE.  
City-St-Zip: MIAMI, FL 33014

Title: VP  
Name: RIERA, JOAQUIN  
Address: 16101 NW 54TH AVE  
City-St-Zip: MIAMI, FL 33014

Title: VP  
Name: LAWSON, DON  
Address: 16101 NW 54TH AVE  
City-St-Zip: MIAMI, FL 33014

Title: CFO  
Name: WHEELER, LAWRENCE H  
Address: 16101 NW 54TH AVE  
City-St-Zip: MIAMI, FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE H WHEELER

CFO

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date