


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90041 007 \*\*\*\*61.25

**DOCUMENT # N07000001128**

1. Entity Name  
**LAUDERHILL STEEL ENSEMBLE, INC**



Principal Place of Business  
**3500 NW 15TH STREET  
 LAUDERHILL, FL 33311**

Mailing Address  
**3500 NW 15TH STREET  
 LAUDERHILL, FL 33311**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

40044944



01312008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-8585780**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NANAN, SELVON  
 3500 NW 15TH STREET  
 LAUDERHILL, FL 33311**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee: \$61.25**  
**Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NANAN, SELVON DR.	
STREET ADDRESS	2615 E. LAS OLAS BLVD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOSEIN, JOSE	
STREET ADDRESS	6221 NW 16 ST	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARY E	
STREET ADDRESS	8197 NW 8 MANOR	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, CARL	
STREET ADDRESS	7631 NW 20 CT	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, PHILLIP G	
STREET ADDRESS	1484 AVON LANE #1215	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENOIT, HAROLD	
STREET ADDRESS	6597 RACQUET CLUB DRIVE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABOOLAL, SATRODPA	
STREET ADDRESS	6125 Pine Terrace	
CITY-ST-ZIP	Plantation FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: Selvon Nanan **SELVON NANAN** 3/10/08 954-557-5703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #