

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008555

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: L & N INTERNATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

2786 SW 85TH AVENUE  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

2786 SW 85TH AVENUE  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 32-0223406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, LAURA  
2786 SW 85TH AVENUE  
MIRAMAR, FL 33025 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: PD ( ) Delete  
Name: ROBERTS, LAURA  
Address: 2786 SW 85TH AVENUE  
City-St-Zip: MIRAMAR, FL 33025

Title: TD ( ) Delete  
Name: ROBERTS, NOEL  
Address: 2811 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD ( ) Delete  
Name: CHRISTIE, NOREEN  
Address: 2650 SW 83RD AVENUE  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA ROBERTS

PD

04/30/2008

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

\_\_\_\_\_  
Date