

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010535

FILED
Jun 24, 2009
Secretary of State

Entity Name: L M S C, INC.

Current Principal Place of Business:

1890 S. OCEAN DRIVE
OFFICE
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1890 S. OCEAN DRIVE
OFFICE
HALLANDALE BEACH, FL 33009

New Mailing Address:

1880 S. OCEAN DRIVE
206
HALLANDALE BEACH, FL 33009

FEI Number: 80-0299508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUKOWSKI, HELEN
8860 TAFT STREET
PEMBROKE PINES, FL 33024 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: CHP () Delete
Name: BROWN, ELAINE
Address: 1890 S. OCEAN DRIVE, TS106
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: CHP () Delete
Name: MOORE, RICHARD
Address: 1880 S. OCEAN DRIVE, 206W
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TRES () Delete
Name: LITEL, BARBARA
Address: 1904 S. OCEAN DRIVE, 408S
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SEC () Delete
Name: AUSTER, GOLDEY
Address: 1904 S. OCEAN DRIVE, 804S
City-St-Zip: HALLANDALE BEACH, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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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: RICHARD MOORE

CHP

06/24/2009

Electronic Signature of Signing Officer or Director

Date