

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2008
Secretary of State**

DOCUMENT# N95000002798

Entity Name: KESHER L.D., INC.

Current Principal Place of Business:

18900 N.E. 25TH AVE.
N MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

18900 N.E. 25TH AVE.
N MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 65-0591858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHUSID, HOWARD
18900 N.E. 25TH AVE.
N MIAMI BEACH, FL 33180 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: D () Delete
Name: CHUSID, HOWARD
Address: 18900 N.E. 25TH AVE.
City-St-Zip: N MIAMI BEACH, FL 33180

Title: D () Delete
Name: WHITEBOOK, HEDY
Address: 18900 N.E. 25TH AVE.
City-St-Zip: N MIAMI BEACH, FL 33180

Title: VD () Delete
Name: GOLDSMITH, PATRICIA
Address: 18900 N.E. 25TH AVE.
City-St-Zip: N MIAMI BEACH, FL 33180

Title: PD () Delete
Name: HOFFMAN, MARCY
Address: 18900 NE 25 AVE SUITE 219
City-St-Zip: MIAMI, FL 33180

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:

Title: PD (X) Change () Addition
Name: ROSS, LESLI K
Address: 18900 NE 25 AVE SUITE 219
City-St-Zip: MIAMI, FL 33180

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: HOWARD CHUSID

D

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date