



# 2004 ~~NOT FOR PROFIT CORPORATION~~ ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90012 021 \*\*\*\*62.00

<b>DOCUMENT # N98000005195</b> 1. Entity Name <b>LAMTRAK PRODUCTIONS INC.</b>			
Principal Place of Business <b>9331 SW 7TH ST PEMBROKE PINES FL 33025</b>		Mailing Address <b>9331 SW 7TH ST PEMBROKE PINES FL 33025</b>	
2. Principal Place of Business <b>9331 SW 7TH ST.</b> Suite, Apt. #, etc.	3. Mailing Address <b>9331 SW 7TH ST</b> Suite, Apt. #, etc.		
City & State <b>PEMBROKE PINES FL</b> Zip <b>33025</b>	City & State <b>PEMBROKE PINES FL</b> Zip <b>33025</b>	4. FEI Number <b>59-3539242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		MOORE CR2E037 (4/04)	
6. Name and Address of Current Registered Agent  <b>LAMB, CAINON RENARD 9331 SW 7TH ST PEMBROKE PINES FL 33025</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Cainon Renard</i></u> DATE <u>08-26-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D LAMB, CAINON R 9331 SW 7TH ST PEMBROKE PINES FL 33025	TITLE	O COWERT, RAMONE 4601 NW 183 ST Apt B3 Miami FL, 33055
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D BENNETT, SANDRA 3420 NW 179 STREET MIAMI FL 33056	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D LAMB, CECIL 9331 SW 7TH STREET PEMBROKE PINES FL 33025	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> <u><i>Cainon Renard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		08-26-04 (305) 788-6730 <small>Date Daytime Phone #</small>	