

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90684 004 ***158.75

DOCUMENT # P000000004153

1. Entity Name LPDC, Incorporated



DO NOT WRITE IN THIS SPACE

94079430

2. Principal Place of Business

10045 Belvedere Rd.

Suite, Apt. #, etc.

Royal Palm Bch. FL.

City & State

3. Mailing Address

10045 Belvedere Rd.

Suite, Apt. #, etc.

City & State

Royal Palm Bch FL.

Zip

33411

Country

USA

Zip

33411

Country

USA

4. FEI Number

105-0978969

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Roberta Puebla

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

17201 49th St. N.

City

Loxahatchee

FL

Zip Code

33470

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|-----------------|-------------------------------|-----------------|--|
| TITLE | P | TITLE | |
| NAME | Roberta Puebla | NAME | |
| STREET ADDRESS | 17201 49 th St. N. | STREET ADDRESS | |
| CITY - ST - ZIP | Loxahatchee FL 33470 | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta Puebla Roberta Puebla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

561-753-5688

Daytime Phone #

CR2E034B (12/02)