


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90357 001 ***150.00

DOCUMENT # P00000032632	
1. Entity Name L & S MANAGEMENT CO.	

Principal Place of Business 12500 NW 35TH ST CPRAL SPRINGS, FL 33065	Mailing Address 750 GREENBRIAR AVENUE DAVIE, FL 33325
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CORAL SPRINGS, FLORIDA	City & State
Zip	Country

	
03172004	Chg-P CR2E034 (10/03)
4. FEI Number 65-1024511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MOSKOWITZ, MICHAEL W ESQ 800 CORPORATE DRIVE SUITE 510 FORT LAUDERDALE, FL 33334	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, HUBERT 750 GREENBRIAR AVENUE DAVIE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, LUCILLE 750 GREENBRIAR AVENUE DAVIE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T/D
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **14/15/04** ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #