


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90424 046 \*\*\*150.00

<b>DOCUMENT # P00000032632</b> 1. Entity Name <b>L &amp; S MANAGEMENT CO.</b>	
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Principal Place of Business <b>12500 NW 35TH ST CORAL SPRINGS, FL 33065</b>	Mailing Address <b>750 GREENBRIAR AVENUE DAVIE, FL 33325</b>
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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1024511</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MOSKOWITZ, MICHAEL W ESQ 800 CORPORATE DRIVE SUITE 510 FORT LAUDERDALE, FL 33334</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

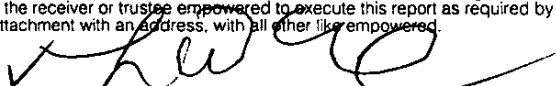
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCOTT, HUBERT 750 GREENBRIAR AVENUE DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD SCOTT, LUCILLE 750 GREENBRIAR AVENUE DAVIE, FL 33325
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **4-28-06** Day(s) Month Year