

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062573

Entity Name: L.L. & SONS, INC.

FILED  
Apr 18, 2007  
Secretary of State

## Current Principal Place of Business:

2700 GLADES CIRCLE  
C-136  
FORT LAUDERDALE, FL 33327 US

## New Principal Place of Business:

318 INDIAN TRACE  
PMB 416  
WESTON, FL 33326 US

## Current Mailing Address:

2121 PONCE DE LEON  
SUITE #240  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 65-1019456      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO, PA.  
2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 US

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: FRANCISCO J. FERNANDEZ

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAAB, JOSE MIGUEL  
Address: 2121 PONCE DE LEON BLVD SUITE 240  
City-St-Zip: CORAL GABLES, FL 33134

Title: DSV (X) Delete  
Name: SAAB, NADIA  
Address: 2121 PONCE DE LEON BLVD SUITE 240  
City-St-Zip: CORAL GABLES, FL 33134

Title: DT (X) Delete  
Name: SAAB, CLODETTE  
Address: 2121 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP (X) Delete  
Name: SAAB, MUNIR ELIAS  
Address: 2121 PONCE DE LEON BLVD SUITE 240  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: FERNANDEZ, FRANCISCO J  
Address: 2121 PONCE DE LEON BLVD SUITE 240  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO J. FERNANDEZ

PSTD

04/18/2007

Electronic Signature of Signing Officer or Director

Date