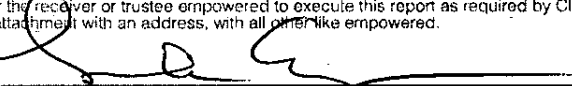


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90038 025 ***150.00

DOCUMENT # P01000009443 1. Entity Name L & M INVESTMENTS, INC.					
Principal Place of Business 1718 NW 39TH STREET OAKLAND PARK, FL 33309			Mailing Address 1718 NW 39TH STREET OAKLAND PARK, FL 33309		
2. Principal Place of Business 3511 W COMMERCIAL BLVD		3. Mailing Address 3511 W. COMMERCIAL BLVD.			
Suite, Apt. #, etc. 400		Suite, Apt. #, etc. 400			
City & State FT LAUDERDALE, FL		City & State FT. LAUDERDALE, FL			
Zip 33309		Country 		01302004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1073569		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENZINNA, LINDA 1718 NW 39TH STREET OAKLAND PARK, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3511 W. COMMERCIAL BLVD STE 400 City FT. LAUDERDALE FL Zip Code 33309			
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 ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME ENZINNA, LINDA		TITLE ☐ Change ☐ Addition	NAME KUHNEY, LINDA	
STREET ADDRESS 1718 NW 39TH STREET	CITY-ST-ZIP FORT LAUDERDALE, FL 33309		STREET ADDRESS 3511 W. COMMERCIAL BLVD. #400	CITY-ST-ZIP FT. LAUDERDALE, FL 33309	
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:  2/4/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		