2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P01000026648

Entity Name: L.F.T. SERVICES, INC.

Current Principal Place of Business:

401 MIRACLE MILE 100
CORAL GABLES, FL 33134

New Principal Place of Business:

P.O.BOX 490266
KEY BISCAYNE, FL 33149

Current Mailing Address:

151 CRANDON BLVD 1130
1130
KEY BISCAYNE, FL 33149

New Mailing Address:

P.O. BOX 490266
KEY BISCAYNE, FL 33149

FEI Number: 65-1082955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES, PATRICIA
151CIZANDON BLVD 1130
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

VALDES, PATRICIA
725 CRANDON BLVD
304
KEY BISCAYNE, FL 33149 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: PATRICIA VALDES 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: VALDES, PATRICIA
Address: 151 CRANDON BLVD., UNIT 130
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: VALDES, PATRICIA
Address: 725 CRANDON BLVD.UNIT 304
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Change (X) Addition
Name: TABARES, PAMELA
Address: 725CRANDON BLVD, UNT 304
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA VALDES PSD 04/29/2004
Electronic Signature of Signing Officer or Director Date