

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026648

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

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

P.O.BOX 490266
KEY BISCAYNE, FL 33149

New Principal Place of Business:

2475 SW 97 AVE
MIAMI, FL 33165

Current Mailing Address:

P.O. BOX 490266
KEY BISCAYNE, FL 33149

New Mailing Address:

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
725 CRANDON BLVD
304
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: S () Delete
Name: VALDES, PATRICIA
Address: 725CRANDON BLVD, UNT 304
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PATRICIA VALDES

PSD

01/29/2007

Electronic Signature of Signing Officer or Director

Date