2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039432

Title:

Name:

Address:

FILED Feb 19, 2007 Secretary of State

Entity Nai	me: L.C. OF	FT. LAUDERDALE, INC.				
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:		
POST OFFICE BOX 25631			2500 N UNIVERSITY D	R		
TAMARAC	C, FL 33320		#4 SUNRISE, FL 33322			
Current M	lailing Addre	ss:		New Mailing Address:		
	FICE BOX 256 C, FL 33320	31				
FEI Number:	: 65-1093280	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
CORREA, DIANA M 901 E SAMPLE RD UNIT G SUNRISE, FL 33351 US			#G	901 EAST SAMPLE RD		
The above in the State	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,		
SIGNATUR	RE: DIANA C	ORREA		02/19/2007		
	Electro	nic Signature of Registered Age	nt	Date		
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (CORREA, DIAI PO BOX 2563 TAMARAC, FL	l	Title: (Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP (X LOGUE, ANTH 8930 OLD PIN BOCA RATON	E RD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP (CORREA, JOS PO BOX 2563 TAMARAC, FL	l	Title: (Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zin:	T (X SESSA, ARMA 8930 OLD PIN BOCA RATON	E RD	Title: (Name: Address: City-St-Zip:	()Change ()Addition		

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.

Title:

Name:

Address:

SIGNATURE:	DIANA CORREA	Р	02/19/2007

() Delete

BONILLA, BRUCE

PO BOX 25631

City-St-Zip: TAMARAC, FL 33320

(X) Change () Addition

BONILLA, BRUCE

PO BOX 25631 City-St-Zip: TAMARAC, FL 33320