


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90039 030 \*\*\*155.00

<b>DOCUMENT # P01000085360</b>	
<b>1. Entity Name</b> L&K DESIGNS, INC.	

<b>Principal Place of Business</b> 10749 CLEARY BLVD APT 205 PLANTATION FL 33324	<b>Mailing Address</b> 10749 CLEARY BLVD APT 205 PLANTATION FL 33324
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<b>2. Principal Place of Business</b> 1191 ST Rd 436 W Suite, Apt. #, etc.	<b>3. Mailing Address</b> 870 Blackland Ter. Suite, Apt. #, etc.
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<b>City &amp; State</b> ALTAMONT SPRINGS FL	<b>City &amp; State</b> APOPKA FL
<b>Zip</b> 32714	<b>Zip</b> 32703
<b>Country</b> USA	<b>Country</b> USA



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 65-1155760	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145
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<b>7. Name and Address of New Registered Agent</b> Name: THE Same Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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<b>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.</b>	
<b>SIGNATURE</b> <i>h Benjamin</i> (The Same)	<b>DATE</b> 04/15/04

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> BENJAMIN, LORRAINE R 11281 NORTHWEST 26TH STREET PLANTATION FL 33323 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> BENJAMIN, ABDUL K 11281 NORTHWEST 26TH STREET PLANTATION FL 33323 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition THE Same
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition THE Same
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>
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<b>SIGNATURE:</b> <i>h Benjamin</i> LORRAINE BENJAMIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> 04/15/04	<b>Daytime Phone #</b> 407-788-7133
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