

ANNUAL REPORT (AR)

DOCUMENT # P01000118729

1. Entity Name
LDE, INC.

FILED
Feb 07, 2007 08:00 AM
Secretary of State

Principal Place of Business
5369 LYONS RD.
COCONUT CREEK FL 33073Mailing Address
5369 LYONS RD.
COCONUT CREEK FL 33073

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0565709

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

EISENSHTAT, LARRY A
200 GOLDEN ISLES DRIVE
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME: EISENHTAT, LARRY A ☐ Delete
STREET ADDRESS: 200 GOLDEN ISLES DR.
CITY - ST - ZIP: HALLANDALE FL 33009

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY - ST - ZIP:

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NAME: ☐ Delete
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: U00000625016
CITY - ST - ZIP: 02/14/07-80057-025 150.00

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
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NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Larry Eisenstat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 954 428 1105
 Date Daytime Phone #