



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90086 044 \*\*\*150.00

<b>DOCUMENT # P02000053631</b>					
<b>1. Entity Name</b> L.M.M. SPARKLING OFFICES & HOMES, INC.					
<b>Principal Place of Business</b> 12519 CARA CARA LOOP BRADENTON, FL 34212			<b>Mailing Address</b> 12519 CARA CARA LOOP BRADENTON, FL 34212		
<b>2. Principal Place of Business</b> 4401 85th Ave. Circle East Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4401 85th Ave. Circle East Suite, Apt. #, etc.			
City & State Parrish, Florida		City & State Parrish, Florida		02112006    Chg-P    CR2E034 (11/05)	
Zip 34219		Country USA		<b>4. FEI Number</b> 37-1438167	
City & State Parrish, Florida		City & State Parrish, Florida		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> SUAREZ, LUZ M 12519 CARA CARA LOOP BRADENTON, FL 34212			<b>7. Name and Address of New Registered Agent</b> Name: SUAREZ, LUZ M Street Address (P.O. Box Number is Not Acceptable): 4401 85th Ave. Circle East City: Parrish    FL    Zip Code: 34219		
<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> SIGNATURE: <u>Luz Mildred Suarez</u> DATE: <u>02/12/06</u> <small>Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SUAREZ, LUZ M 12519 CARA CARA LOOP BRADENTON, FL 34212		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luz Mildred Suarez 4401 85th Ave. Circle East Parrish, FL 34219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 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 exemptions contained 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 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>					
<b>SIGNATURE:</b> <u>Luz Mildred Suarez</u>			Date: <u>02/12/06</u>		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		