

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90050 041 \*\*\*150.00

**DOCUMENT # P02000055055**

1. Entity Name  
LT WOOD TECHNOLOGY, INC.



Principal Place of Business  
8945 NW 119 TERRACE  
HIALEAH GARDENS, FL 33016

Mailing Address  
8945 NW 119 TERRACE  
HIALEAH GARDENS, FL 33016

2. Principal Place of Business  
13301 NE Biscayne Blvd

3. Mailing Address  
1800 West 64th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State

North Miami, FL

Hialeah, FL

Zip

Country

Zip

Country

33181

Miami-Dade

33012

Miami-Dade

6. Name and Address of Current Registered Agent

03102004

Chg-P

CR2E034 (10/03)

4. FEI Number

43-1963270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

SANDERS, BERTA M  
9550 NW 77TH AVE. SUITE 3  
HIALEAH GARDENS, FL 33016

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TRUY, LAZARO  
STREET ADDRESS 8945 NW 119TH TERRACE  
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #