


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90207 041 ***150.00

DOCUMENT # P02000085691 1. Entity Name LAND AND SERVICE MANAGEMENT, INC.	
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Principal Place of Business 4463 FOXTAIL LN WESTON, FL 33331	Mailing Address 4463 FOXTAIL LN WESTON, FL 33331
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DO NOT WRITE IN THIS SPACE



08242004 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0424397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MESA, MANUEL A ESQUIRE
44 W FLAGLER ST STE 1575
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAVEN, DECIO 4463 FOXTAIL LN WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILARRANZ, AMALIA 4463 FOXTAIL LN WESTON, FL 33331
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Amalia Gilarranz* **Amalia Gilarranz** 8/24/04 954 389 7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #