

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000100512

1. Entity Name
L & I REAL ESTATE HOLDINGS, INC.



Principal Place of Business
**7700 N. KENDALL DR., #405
MIAMI, FL 33156**

Mailing Address
**7700 N. KENDALL DR., #405
MIAMI, FL 33156**

FILED
Apr 11, 2005 08:00 AM
Secretary of State



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3653703

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEITMAN, LORN
7700 N. KENDALL DR., #405
MIAMI, FL 33156**

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEITMAN, LORN
STREET ADDRESS	7700 N. KENDALL DR., #405
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	TD
NAME	JOSEPH, IRV
STREET ADDRESS	19451 NE 17TH AVE.
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	VD
NAME	WAX, IRWIN
STREET ADDRESS	1624 PRESIDENTIAL WAY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	SD
NAME	SHUSTAK-WAX, LAURIE
STREET ADDRESS	1624 PRESIDENTIAL WAY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000297539
04/11/05-80031-019 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #