

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004198

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: LANCASTER TEXTILES, INC.

**Current Principal Place of Business:**

619 NE 7TH ST  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

619 NE 7TH ST.  
HALLANDALE, FL 33009

**New Mailing Address:**

619 NE 7TH ST  
HALLANDALE, FL 33009

FEI Number: 20-0026818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, LUBY G  
619 NE 7TH ST.  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DIRE ( ) Delete  
Name: FARAH, JUAN  
Address: 2101 S. OCEAN DR. APT 2807  
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete  
Name: FARAH, FERNANDO  
Address: 2101 S. OCEAN DR. APT. 2807  
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete  
Name: FARAH, EMILLIO  
Address: 2101 S. OCEAN DR. APT. 2807  
City-St-Zip: HOLLYWOOD, FL 33019

Title: PRES ( ) Delete  
Name: LUBY, THOMAS G  
Address: 2101 S. OCEAN DR.  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIRE (X) Change ( ) Addition  
Name: FARAH, JUAN  
Address: 619 NE 7TH ST  
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change ( ) Addition  
Name: FARAH, FERNANDO  
Address: 619 NE 7TH ST.  
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES (X) Change ( ) Addition  
Name: LUBY, THOMAS G  
Address: 619 NE 7TH ST.  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS LUBY

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date