


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P03000023446 1. Entity Name LX TRANSPORTATION & HOME CARE SERVICE, INC.	
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Principal Place of Business 5345 NW 93 TERR SUNRISE, FL 33351	Mailing Address 5345 NW 93 TERR. SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0154268	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

GABBIDON, PATRICK
5345 NW 93RD TERRACE
SUNRISE, FL 33351

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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 *Patrick Gabbidon* (NOTE: Registered Agent signature required when reinstating) DATE 3-27-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GABBIDON, PATRICK 5345 NW 93RD TERRACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GABBIDON, DAVELL 5345 NW 93RD TERRACE SUNRISE, FL 33351
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04/05/07-800009-014 150.00

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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 supplementary 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: *Patrick Gabbidon* DAVELL GABBIDON 3-27-07 8004270419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #