


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90003 008 \*\*\*150.00

<b>DOCUMENT # P03000061026</b> 1. Entity Name LSA MANAGEMENT, INC.	
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Principal Place of Business 215 N FEDERAL HWY BOCA RATON, FL 33432	Mailing Address 215 N FEDERAL HWY BOCA RATON, FL 33432
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00025409



06052006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1669967	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BATMASIAN, JAMES H 215 N FEDERAL HWY BOCA RATON, FL 33432
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**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 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT BATMASIAN, JAMES H 215 N FEDERAL HWY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS TERSAKYAN, DARON 215 N FEDERAL HWY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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

07/28/2006

Date

561-392-8920

Daytime Phone #