

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 MAR 27 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000061026

1. Entity Name  
LSA MANAGEMENT, INC.



Principal Place of Business  
215 N FEDERAL HWY  
BOCA RATON, FL 33432

Mailing Address  
215 N FEDERAL HWY  
BOCA RATON, FL 33432



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
16-1669967

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BATMASIAN, JAMES H  
215 N FEDERAL HWY  
BOCA RATON, FL 33432

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

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
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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 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

03/24/08

Date

Daytime Phone #

3/27/08