## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 08:00 AM
Secretary of State

DOC	J٨	ΛEΝ	JT	#	P030	າດດເ	71	043
$\omega \omega \omega$	<i>-</i> 711	/ I 🗀 I '	A 1	$_{m}$		, , , ,	,, ,	~ , ~

1. Entity Name

LCR TECHNOLOGIES, INC.



Principal Place of Business

2700 GLADES CIRCLE

SUITE 113 WESTON, FL 33327

SIGNATURE:

Mailing Address

2700 GLADES CIRCLE SUITE 113

WESTON, FL 33327



DO NOT WRITE IN THIS SPACE

02282007	No Chg-P	CR2	E034 (11/05)
4. FEI Number			Applied For
20-0062	831		Not Applicable
5. Certificate o	. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES E. HALL, PHD, EA, CTP 77 ALMERIA STREET SAINT AUGUSTINE, FL 32084

## 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 Types of printed name of registered agent and title	1 applicable (NOTE Registered	Ageni signatur	e required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE	PST	<del></del>					
NAME	PACHECO, KELVIN R						
STREET ADDRESS	1327 PORTO FINO CIRCLE, APT 701						
CITY-ST-ZIP	WESTON, FL 33326				U00000766006		
TITLE					06/07/07-80001-023 150.hi		
NAME					00/01/01/00001_052 120°0		
STREET ADDRESS							
CITY-ST-ZIP							
litr?		· · · · · · · · · · · · · · · · · · ·					
NAME							
STREET ADDRESS				DO	NOT WRITE		
CITY-ST-ZIP				טט	NOT WITE		
TITLE				ini "	THIS SPACE		
NAME				11.4	IIIIO OI ACE		
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS			ľ				
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report if 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 nusted employees 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 autominient within a direct like impowered.							