

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90001 038 \*\*\*158.75

<b>DOCUMENT # P03000139824</b> 1. Entity Name <b>L.R. MORDAN, CORP.</b>					
Principal Place of Business <b>1750 NW 27TH AVE #305 MIAMI, FL 33125</b>			Mailing Address <b>1750 NW 27TH AVE #305 MIAMI, FL 33125</b>		
2. Principal Place of Business <b>9808 NW 80 Avenue</b>		3. Mailing Address <b>9808 NW 80 Avenue</b>			
Suite, Apt. #, etc. <b>Suite 10J</b>		Suite, Apt. #, etc. <b>Suite 10J</b>			
City & State <b>Hialeah Gardens, FL</b>		City & State <b>Hialeah Gardens, FL</b>			
Zip <b>33016</b>	Country <b>U.S.A.</b>	Zip <b>33016</b>	Country <b>U.S.A.</b>	4. FEI Number <b>20-0429501</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127</b>				7. Name and Address of New Registered Agent Name <b>Mordan, Leonardo R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9808 NW 80 Avenue, Suite 10J</b> City <b>Hialeah Gardens</b> <b>FL</b> Zip Code <b>33016</b>	
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: <span style="float: right;">04/21/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORDAN, LEONARDO R 1750 NW 27TH AVE #305 MIAMI, FL 33125		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mordan, Leonardo R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9808 NW 80 Avenue, Suite 10J Hialeah Gardens, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <span style="float: right;">04/21/05 305 2184 330</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					