

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154688

Entity Name: L & M SOUTH SERVICES, INC.

FILED  
Mar 06, 2008  
Secretary of State

## Current Principal Place of Business:

401 GOLDEN ISLES DR #201  
HALLANDALE BEACH, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

401 GOLDEN ISLES DR #201  
HALLANDALE, FL 33009

## New Mailing Address:

FEI Number: 20-0511407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOZZONI, LEONARDO T  
401 GOLDEN ISLES DR #201  
HALLANDALE BEACH, FL 33009 US

## Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 US

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.

SIGNATURE: ANAY VALCARCEL

03/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: MOZZONI, LEONARDO T  
Address: 401 GOLDEN ISLES DR #201  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V ( ) Delete  
Name: MOZZONI, MARIA V  
Address: 401 GOLDEN ISLES DR #201  
City-St-Zip: HALLANDALE BEACH, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOZZONI, LEONARDO T  
Address: 401 GOLDEN ISLES DR #201  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP (X) Change ( ) Addition  
Name: MOZZONI, MARIA V  
Address: 401 GOLDEN ISLES DR #201  
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARDO T MOZZONI

P

03/06/2008

Electronic Signature of Signing Officer or Director

Date