2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000041567

1. Entity Name
L & D DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
10536 PLAINVIEW CIR BOCA RATON, FL 33498	10536 PLAINVIEW CIR BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

03212006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0825371

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIEBOFF, LEN
10536 PLAINVIEW CIR
BOCA RATON, FL 33498

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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: Len Lieboff
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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIEBOFF, LEN
STREET ADDRESS	10536 PLAINVIEW CIR
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	D
NAME	LIEBOFF, PHYLLIS
STREET ADDRESS	10536 PLAINVIEW CIR
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	D
NAME	DEL GARDO, JOHN
STREET ADDRESS	11412 CHISOLM WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	DEL GARDO, MICHELE
STREET ADDRESS	11412 CHISOLM WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Len Lieboff LEN LIEBOFF 3/21/06 561-477-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #