

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000041567**

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



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

Mailing Address  
**10536 PLAINVIEW CIR  
BOCA RATON, FL 33498**



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 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, 2007 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 GARDI, JOHN
STREET ADDRESS	11412 CHISOLM WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	DEL GARDI, 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	

U000000671359  
03/28/07-80025-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

*Michele Del Gardi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07 3/15/07  
Date Daytime Phone #