


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90054 013 ***150.00

40044938

DOCUMENT # P04000058797 1. Entity Name L & M COMPUTER NETWORKING SERVICES, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3311 NW 36th Avenue Suite, Apt. #, etc.	3. Mailing Address the same Suite, Apt. #, etc.
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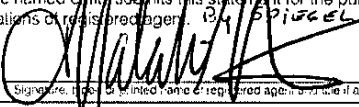
DO NOT WRITE IN THIS SPACE

City & State Lauderdale Lakes, Florida	City & State	4. FEI Number 20-1005365	Applied For <input type="checkbox"/> Not Applicable
Zip 33309	Country	Zip	Country

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

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SPIEGEL & UTRERA, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22nd Street, 4th Floor	
	City Miami	FL Zip Code 33145

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. **By: SPIEGEL & UTRERA, P.A.**

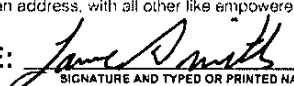
SIGNATURE  **Natalia Utrera, Vice President** **2/21/05** DATE

(NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD Milton Irvin 3311 NW 36th Ave. Lauderdale Lakes, FL 33309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Lance Smith 3311 NW 36th Ave. Lauderdale Lakes, FL 33309	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Lance Smith** **3/1/2005** **954-600-6638**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)