

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 16, 2007 08:00 A  
Secretary of State

DOCUMENT # P04000088468

1. Entity Name

LWC PRODUCTS INC.



Principal Place of Business

800 SW 21 TERRACE  
FT. LAUDERDALE FL 33312

Mailing Address

800 SW 21 TERRACE  
FT. LAUDERDALE FL 33312



2. Principal Place of Business - No P.O. Box #

800 SW 21<sup>st</sup> Terrace

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

4. FEI Number

20-1214563

Applied For

Not Applicable

Zip

Country

33312

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BAEZ, JOSE  
800 SW 21 TERRACE  
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BAEZ, JOSE  
STREET ADDRESS 800 SW 21 TERRACE  
CITY - ST - ZIP FT. LAUDERDALE FL 33312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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TITLE  
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CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
000000668663  
03/27/07-80039-011 150.00

TITLE  
NAME  
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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

954-371-8330

Date

Daytime Phone #