2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100348

Entity Name: LSO INC

FILED Apr 06, 2009 Secretary of State

y							
Current Principal Place of Business:				New Principal Place of Business:			
8200 W SUNRISE BLVD				7300 WEST MCNAB ROAD			
D-2 PLANTATI	ION, FL 33322	US	SUITE 11 TAMARA	9 C, FL 33321	US		
Current Mailing Address:				New Mailing Address:			
8200 W SUNRISE BLVD				7300 WEST MCNAB ROAD			
D-2 PLANTATION, FL 33322 US				SUITE 119 TAMARAC, FL 33321 US			
FEI Number:	: 20-1334655	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desire	ed ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NARDI, JAMES 13100 SW 16 COURT DAVIE, FL 33325 US				NARDI, JAMES 7300 WEST MCNAB ROAD SUITE 119 TAMARAC, FL 33321 US			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered	office or registered agent,	, or both,	
SIGNATURE: JAMES NARDI				04/06/2009			
	Electror	ic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () NARDI, JAMES 13100 SW 16 (DAVIE, FL 333		Title: Name: Address: City-St-Zip:	`) Change () Addition		
Title: Name: Address: City-St-Zip:	V () NARDI, ANTHO 13100 SW 16 (DAVIE, FL 333	ст	Title: Name: Address: City-St-Zip:	`) Change () Addition		
Title: Name: Address: City-St-Zip:	V () NARDI, ALEXAI 13100 SW 16 O DAVIE, FL 333	ст	Title: Name: Address: City-St-Zip:	() Change () Addition		

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: JAMES NARDI P 04/06/2009