

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000110705

1. Entity Name  
LC CAPITAL CORP



FILED

06 MAR 28 PM 12:50

FLORIDA STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
80 SW. 8TH ST  
2000  
MIAMI, FL 33130

Mailing Address  
80 SW 8TH ST  
2000  
MIAMI, FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006

Chg-P

CR2E034 (11/05)

4. FEI Number  
34-2015329

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAAD, LUIS E  
17000 N BAY RD  
1617  
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name CORPORATE PROCESS SERVICES, INC  
Street Address (P.O. Box Number is Not Acceptable)  
2300 Canal Way  
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.

SIGNATURE [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/20/06

**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 P ☐ Delete  
NAME SAAD, LUIS E  
STREET ADDRESS 17000 N BAY RD #1617  
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE VP ☒ Delete  
NAME RAMIREZ, CARLOS E  
STREET ADDRESS 390 SE MIZNER BLVD, #1808  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 234 NE 3RD ST UNIT 1206  
CITY-ST-ZIP MIAMI, FL 33132

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

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

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

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

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

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: [Signature] - LUIS E SAAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06 305-856-0056

Date Daytime Phone #