## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000147025

Entity Name: LACHING.

FILED Apr 21, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8435 SUNRISE LAKES BLVD 510 NW 84TH AVENUE

#107 #412

SUNRISE, FL 33322 PLANTATION, FL 33324 US

**Current Mailing Address: New Mailing Address:** 

8435 SUNRISE LAKES BLVD 510 NW 84TH AVENUE

#107 #412

SUNRISE, FL 33322 US PLANTATION, FL 33324 US

FEI Number: 11-3730941 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLOMON, KARA N SOLOMON, KARA N MS. 8435 SUNRISE LAKES BLVD. 510 NW 84TH AVENUE #107 #412

SUNRISE, FL 33322 US

PLANTATION, FL 33324 US

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.

SIGNATURE: LACLING 04/21/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

SOLOMON, KARA N Name: 510 NW 84TH AVENUE #412 Address: City-St-Zip: PLANTATION, FL 33324 US

Title: **PRES** 

Name: CREAMER, JENNIFER B 10317 NW 33RD STREET Address: CORAL SPRINGS, FL 33065 US City-St-Zip:

VΡ Title:

SOLOMON, LAWRENCE P Name: 8435 SUNRISE LAKES BLVD. #107 Address:

City-St-Zip: SUNRISE, FL 33322

Title: coo

OCASIO, JR., FRANCISCO Name: Address: 510 NW 84TH AVENUE #412 City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: KARA SOLOMON MS. 04/21/2010