

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000147330

1. Entity Name
L-C LAGRANGE & ASSOCIATES, INC.



Principal Place of Business
11601 NW 57TH COURT
HIALEAH, FL 33012

Mailing Address
11601 NW 57TH COURT
HIALEAH, FL 33012

FILED
Mar 12, 2008 08:00 AM
Secretary of State



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1235085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAGRANGE, LUIS C
11601 NW 57TH COURT
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000856398
03/28/08-80009-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGRANGE, LUIS C 11601 NW 57TH COURT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAGRANGE, CINDY VALDES 11601 NW 57TH COURT HIALEAH, FL 33012
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-
992-0958