


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90379 011 ***150.00

DOCUMENT # P05000018837																																																																																																																																			
1. Entity Name L S P A INC																																																																																																																																			
Principal Place of Business 1316 SIERRA CIRCLE KISSIMMEE, FL 34744			Mailing Address 1316 SIERRA CIRCLE KISSIMMEE, FL 34744																																																																																																																																
2. Principal Place of Business 3826 Cedar Hammock Tr		3. Mailing Address 3826 Cedar Hammock Tr																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State SAINT CLOUD FL		City & State SAINT CLOUD FL		4. FEI Number 20-234 2177																																																																																																																															
Zip 34769		Country 34769		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent FREITES, LUIS C 1316 SIERRA CIRCLE KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name FREITES LUIS C. Street Address (P.O. Box Number is Not Acceptable) 3826 Cedar Hammock Trail City SAINT CLOUD FL Zip Code 34769																																																																																																																																
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 <u>Angela Brito</u> DATE <u>04/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P FREITES, ANGELA</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P FREITES ANGELA</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1316 SIERRA CIRCLE</td> <td></td> <td>NAME</td> <td>3826 Cedar Hammock Trail</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KISSIMMEE, FL 34744</td> <td></td> <td>STREET ADDRESS</td> <td>SAINT CLOUD FL 34769</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP FREITES, LUIS C</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>VP FREITES LUIS C.</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1316 SIERRA CIRCLE</td> <td></td> <td>NAME</td> <td>3826 Cedar Hammock Trail</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KISSIMMEE, FL 34744</td> <td></td> <td>STREET ADDRESS</td> <td>SAINT CLOUD FL 34769</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P FREITES, ANGELA	<input type="checkbox"/> Delete	TITLE	P FREITES ANGELA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1316 SIERRA CIRCLE		NAME	3826 Cedar Hammock Trail		STREET ADDRESS	KISSIMMEE, FL 34744		STREET ADDRESS	SAINT CLOUD FL 34769		CITY-ST-ZIP			CITY-ST-ZIP			TITLE	VP FREITES, LUIS C	<input type="checkbox"/> Delete	TITLE	VP FREITES LUIS C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1316 SIERRA CIRCLE		NAME	3826 Cedar Hammock Trail		STREET ADDRESS	KISSIMMEE, FL 34744		STREET ADDRESS	SAINT CLOUD FL 34769		CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>Angela Brito</u> Date <u>4/12/06</u> Daytime Phone # <u>(407)3015850</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			