

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90283 001 ***150.00
05-02-2006 90283 002 *****8.75

DOCUMENT # P05000024319 1. Entity Name L & L DELIVERY AND ASSEMBLY, INC.					
Principal Place of Business 311 W HEMINGWAY CIRCLE MARGATE, FL 33063			Mailing Address 311 W HEMINGWAY CIRCLE MARGATE, FL 33063		
2. Principal Place of Business 7600 CURRENCY DR		3. Mailing Address 7600 CURRENCY DR			
Suite, Apt. #, etc. 0		Suite, Apt. #, etc. 0		04282006 Chg-P CR2E034 (11/05)	
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 20-2385731	
Zip 32809		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REMIE, LUIS M 311 W HEMINGWAY CIRCLE MARGATE, FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 resigning) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REMIE, LUIS M 6095 W 18 AVE SUITE 110 HIALEAH, FL 33012 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSORIO, CATHERINE 311 W HEMINGWAY CIRCLE MARGATE, FL 33063 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Luis Remie</i>			4/25/06 (407) 398 4763		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		