


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90025 019 \*\*\*150.00

<b>DOCUMENT # P05000024324</b>	
1. Entity Name <b>LCLV, INC.</b>	

Principal Place of Business <b>315 N.W. 109TH AVE. #208 MIAMI, FL 33172-5227</b>	Mailing Address <b>315 N.W. 109TH AVE. #208 MIAMI, FL 33172-5227</b>
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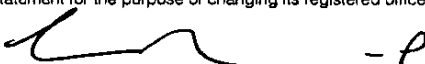
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02152006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2350027</b>	Applied For <input type="checkbox"/> Not Applicable
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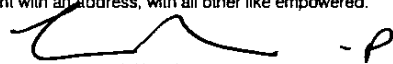
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>VALDES, LEONARD J 2020 NE 135 ST #908 N MIAMI, FL 33181</b>		Name <b>Leonard J. Valdes</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>315 NW 109 AVE #208</b>	
		City <b>Miami</b>	
		State <b>FL</b>	
		Zip Code <b>33172</b>	

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 	DATE <b>2/16/06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VALDES, LEONARD J</b>		NAME <b>Leonard J. Valdes</b>	
STREET ADDRESS <b>2020 NE 135 ST #908</b>		STREET ADDRESS <b>315 NW 109 AVE #208</b>	
CITY-ST-ZIP <b>N MIAMI, FL 33181</b>		CITY-ST-ZIP <b>Miami, FL 33172</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CASTILLO, LUZ</b>		NAME <b>Luz Castillo</b>	
STREET ADDRESS <b>2020 NE 135 ST #908</b>		STREET ADDRESS <b>315 NW 109 AVE #208</b>	
CITY-ST-ZIP <b>N MIAMI, FL 33181</b>		CITY-ST-ZIP <b>Miami, FL 33172</b>	
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	
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	

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: 	DATE <b>2/16/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # <b>3058157944</b>