

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025722

FILED  
Feb 23, 2007  
Secretary of State

Entity Name: LEHIGH ACRES FUTURES, INC.

## Current Principal Place of Business:

7282 JACARANDA LANE  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

7282 JACARANDA LANE  
MIAMI LAKES, FL 33014

## New Mailing Address:

FEI Number: 33-1112048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOPROWSKI, PAUL A  
10031 PINES BOULEVARD  
#224  
PEMBROKWE PINES, FL 33024 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KUGLER, MARIALUZ  
Address: 7282 JACARANDA LANE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: POLEO, JUAN  
Address: 2502 EAGLE WATCH LANE  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA L KUGLER

D

02/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date