


FILED
Jun 14, 2006 8:00 am
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2006 90163 011 ***150.00

DOCUMENT # P05000043936			
1. Entity Name 420 LINCOLN ROAD DEVELOPMENT GROUP, INC.			
Principal Place of Business 420 LINCOLN ROAD SUITE 380 MIAMI BEACH, FL 33139		Mailing Address 420 LINCOLN ROAD SUITE 380 MIAMI BEACH, FL 33139	
2. Principal Place of Business 420 Lincoln Road		3. Mailing Address 420 Lincoln Road	
Suite, Apt. #, etc. Suite 330		Suite, Apt. #, etc. Suite 330	
City & State Miami Beach, F		City & State Miami Beach, FL	
Zip 33139	Country USA	Zip 33139	Country USA
4. FEI Number 20-2502062		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLC INVESTMENTS, INC. 420 LINCOLN ROAD SUITE 380 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: PLC Investments Inc Street Address (P.O. Box Number is Not Acceptable): 420 Lincoln Road Suite 330 City: Miami Beach FL Zip Code: 33139	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
9. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	President Paul L. Cejas 420 Lincoln Road #330 Miami Beach FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paul L. Cejas 420 Lincoln Road #330 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sanda Rodriguez 420 Lincoln Rd, Suite 330 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Trudy Cejas 420 Lincoln Road #330 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary Hilda C Montero 420 Lincoln Road #330 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Hilda C Montero</u> Hilda C Montero - Secretary		4/28/06 305-531-5220 Daytime Phone 9	

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