

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90039 029 ***150.00

DOCUMENT # P05000065598

1. Entity Name
LUCAS SANDOVAL CORPORATION



Principal Place of Business
**901 INDIANA AVE.
FORT LAUDERDALE, FL 33312
1613 NW 7th PL
Fort Lauderdale Fl. 33311**

Mailing Address
**901 INDIANA AVE.
FORT LAUDERDALE, FL 33312
1613 NW 7th PL
Fort Lauderdale Fl. 33311**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-2803604

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDOVAL, LUCAS
901 INDIANA AVE.
FORT LAUDERDALE, FL 33312
1613 NW 7th PL
Fort Lauderdale Fl. 33311**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
SANDOVAL, LUCAS C
901 INDIANA AVE.
FORT LAUDERDALE, FL 33312**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1613 NW 7th PL
Fort Lauderdale Fl. 33311**

☐ Change ☐ Addition

TITLE
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☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-08

Date

954-324-5607

Daytime Phone #