2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107713

Address:

City-St-Zip:

1833 N 66 AVENUE

HOLLYWOOD, FL 33024 US

Entity Name: LEGAL COMPLIANCE SERVICES, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
SUITE 105	8 AVENUE 5 KE PINES, FL 33025 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
SUITE 105	6 AVENUE 5 KE PINES, FL 33025 US			
FEI Number	: 20-3396838 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
1833 N 66	JEZ, SONIA AVENUE DOD, FL 33024 US			
	e named entity submits this statement for th e of Florida.	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered A	Agent	Date	
	ice with s. 607.193(2)(b), F.S., the corporation did mpaign Financing Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete RODRIGUEZ, SONIA 1833 N 66 AVENUE HOLLYWOOD, FL 33024 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete SANTIAGO, JOSE 1833 N 66 AVENUE HOLLYWOOD, FL 33024 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete IRIZARRY, JUAN J 1833 N 66 AVENUE HOLLYWOOD, FL 33024 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S,T () Delete SOSTRE MARIANA	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SONIA RODRIGUEZ P 05/01/2006