


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 07, 2007 08:00 A
Secretary of State**

DOCUMENT # P05000139583
1. Entity Name
LONGMORE & RODRIGUEZ ASSOCIATES, INC.



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| Principal Place of Business 2057 CORAL RIDGE DRIVE SUITE 105 CORAL SPRINGS, FL 33071 | Mailing Address 2057 CORAL RIDGE DRIVE SUITE 105 CORAL SPRINGS, FL 33071 |
|--|--|

DO NOT WRITE IN THIS SPACE



05032007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-3628565 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**RODRIGUEZ, ESPERANZA
3170 SW 16 ST
SUITE 8
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 05/25/07-00000-020 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOT LESLIE, MICHELLE 2057 CORAL RIDGE DRIVE, SUITE 105 CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS RODRIGUEZ, ALEXANDER 3170 S.W. 16 STREET, SUITE 8 MIAMI, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP ROJAS, EDUARDO 3170 S.W. 16 STREET, SUITE 8 MIAMI, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ECCLESTON, TARYL 4200 N.W. 34TH STREET, SUITE S-406 LAUDERDALE LAKES, FL 33319 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ECCLESTON, TORSHIA 4200 N.W. 34TH STREET, SUITE S-406 LAUDERDALE LAKES, FL 33319 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: MICHELLE LESLIE 5/1/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #