

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90029 047 \*\*\*150.00

**DOCUMENT # P05000142096**

1. Entity Name  
L.C. SOLUTIONS PROPERTY MANAGEMENT CORP.



Principal Place of Business  
16565 NW 6TH STREET  
PEMBROKE PINES, FL 33028

Mailing Address  
16565 NW 6TH STREET  
PEMBROKE PINES, FL 33028

40110979



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

5153 N.W. 74 AVE.

3. Mailing Address

P.O. Box 821862

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007

Chg-P

CR2E034 (12/06)

City & State  
Miami, FL 33166

City & State  
Pembroke Pines, FL

4. FEI Number  
20-4701543

Applied For  
Not Applicable

Zip  
33166

Country  
USA

Zip  
33082

Country  
USA

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

## 6. Name and Address of Current Registered Agent

LANDES, LILIANA T  
16565 NW 6TH STREET  
PEMBROKE PINES, FL 33028

## 7. Name and Address of New Registered Agent

Name  
Liliana Landes

Street Address (P.O. Box Number is Not Acceptable)

5153 NW 74 Avenue

City  
Miami, FL Zip Code  
33166

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

*L. Landes*

Liliana Landes.

4/30/07

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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
LANDES, LILIANA  
16565 NW 6TH STREET  
PEMBROKE PINES, FL 33028 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LANDES, MICHAEL  
16565 NW 6TH STREET  
PEMBROKE PINES, FL 33028 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
Liliana Landes ☒ Change ☐ Addition  
5153 NW 74 Avenue  
Miami, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Carolina Apolindar ☐ Change ☒ Addition  
5153 N.W. 74 Avenue  
Miami, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 all other like empowered.

SIGNATURE:

*L. Landes* Liliana Landes

4/30/07

305-477-4742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #