


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90092 019 \*\*\*150.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # P06000015361</b><br>1. Entity Name<br><b>LIPA GENERAL SERVICES, INC.</b>   |   |  |   |    |  |
| Principal Place of Business<br><b>4767 NW 57 PLACE<br/>COCONUT CREEK, FL 33073</b>   |   |  | Mailing Address<br><b>4767 NW 57 PLACE<br/>COCONUT CREEK, FL 33073</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>7887 NW 62 TERR</b>   |   | 3. Mailing Address<br><b>7887 NW 62 TERR</b> |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                          |   |   |  |
| City & State<br><b>PARKLAND, FL</b>  |   | City & State<br><b>PARKLAND, FL</b>          |   | 4. FEI Number<br><b>20-4234754</b>  |  |
| Zip<br><b>33067</b>  |   | Country                                      |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GONZALEZ, JUAN P<br/>4767 NW 57 PLACE<br/>COCONUT CREEK, FL 33073</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7887 NW 62 TERR</b><br>City <b>PARKLAND</b> <b>FL</b> Zip Code <b>33067</b> |  |
| 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.<br>SIGNATURE <u><i>Juan P. Gonzalez</i></u> <b>JUAN P. GONZALEZ</b> <b>03-14-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D P<br/>RAMIREZ, LINA M<br/>4767 NW 57 PLACE<br/>COCONUT CREEK, FL 33073</b> <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7887 NW 62 TERR<br/>PARKLAND, FL 33067</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D VP<br/>GONZALEZ, JUAN P<br/>4767 NW 57 PLACE<br/>COCONUT CREEK, FL 33073</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7887 NW 62 TERR<br/>PARKLAND, FL 33067</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <u><i>Lina Ramirez</i></u> <b>LINA RAMIREZ</b> <b>03-14-07 (954) 683 7067</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |   |   |  |