

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000085605

FILED
Jul 31, 2009
Secretary of State**Entity Name:** LINCOLN ENTERPRISE MNGT CO.**Current Principal Place of Business:**5811 SW 56 TERRACE
MIAMI, FL 33143**New Principal Place of Business:****Current Mailing Address:**PO BOX 558703
MIAMI, FL 33255**New Mailing Address:**5811 SW 56 TERRACE
MIAMI, FL 33143**FEI Number:** 20-5124550**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RODRIGUEZ, ANDRES F
5811 SW 56 TERRACE
MIAMI, FL 33143 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PDS () Delete
Name: RODRIGUEZ, A F SR
Address: 5811 SW 56 STREET
City-St-Zip: MIAMI, FL 33143**Title:** VP () Delete
Name: RUSSO, MARIA E
Address: 5811 SW 65 AVENUE
City-St-Zip: MIAMI, FL 33143**Title:** VP (X) Delete
Name: ALVAREZ, HAYDEE
Address: 5811 SW 56 STREET
City-St-Zip: MIAMI, FL 33143**Title:** VP () Delete
Name: MARTINEZ, M G
Address: 1398 NW 79 ST
City-St-Zip: MIAMI, FL 33147**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PDS (X) Change () Addition
Name: RODRIGUEZ, A F SR
Address: 5811 SW 56 TERRACE
City-St-Zip: MIAMI, FL 33143**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ANDRES RODRIGUEZ

PDS

07/31/2009

Electronic Signature of Signing Officer or Director_____
Date