2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 09, 2007 8:00 am
Secretary of State
03-26-2007 90066 013 ***150.00

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1. Entity Name
L & M LAND INVESTMENTS, INC.

Principal Place of Business	Mailing Address
690 N. 72ND TERR. HOLLYWOOD, FL 33024	690 N. 72ND TERR. HOLLYWOOD, FL 33024

68008498

03212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5679406 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORTIZ, LUIS J 690 N. 72ND TERR. HOLLYWOOD, FL 33024	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ORTIZ, LUIS J		NAME	
STREET ADDRESS	690 N. 72ND TERR.		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP	
TITLE	VS	☐ Delete	TITLE	
NAME	ORTIZ, MICHELLE L		NAME	
STREET ADDRESS	690 N. 72ND TERR.		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Luis J. Ortiz 3/21/07 954-562-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR