


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90166 006 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P06000108920</b>                                       |  |
| 1. Entity Name<br><b>L&amp;C REMODELING &amp; RESTORATION, CORP.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>12525 NE 13 AVE APT 205<br/>NORTH MIAMI, FL 33161.</b> | Mailing Address<br><b>12525 NE 13 AVE APT 205<br/>NORTH MIAMI, FL 33161</b> |
|--|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>13241 SW - 10 Manor</b> | 3. Mailing Address<br><b>13241 SW - 10 Manor</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                              |



01062007 Chg-P CR2E034 (12/06)

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>Davie - FL</b> | City & State<br><b>Davie - FL</b> |
| Zip<br><b>33325</b>               | Zip<br><b>33325</b>               |
| Country<br><b>U.S.A.</b>          | Country<br><b>U.S.A.</b>          |

|   |  |
|---|--|
| 4. FEI Number<br><b>20-5421329</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>RUIZ, JOSE LUIS<br/>12525 NE 13 AVE APT 205<br/>NORTH MIAMI, FL 33161</b> |  |
|---|--|

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent<br>Name <b>Jose Luis Ruiz</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>13241 SW - 10 Manor</b><br><b>Davie - FL</b><br>City <b>FL</b> Zip Code <b>33325</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.

SIGNATURE:  DATE: **04-02-07**

(Signature is of a person named as registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RUIZ, JOSE LUIS<br>12525 NE 13 AVE APT 205<br>NORTH MIAMI, FL 33161 <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>13241 SW - 10TH Manor - Davie - FL - 33325</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>VELAZQUEZ RUIZ, CRISTINA INEZ<br>12525 NE 13 AVE APT 205<br>NORTH MIAMI, FL 33161 <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>13241 SW - 10TH Manor - Davie - FL - 33325</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   |
| 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   |
| 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   |
| 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   |

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE: **04-02-07** DAYTIME PHONE: **786.2857877**