

2008 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P06000123894 1. Entity Name LS TRADING CORP	
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FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business 2021 PALM VISTA DRIVE APOPKA, FL 32712	Mailing Address 2021 PALM VISTA DRIVE APOPKA, FL 32712
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07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3943443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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	DPST IZQUIERDO, JOSEPH G 2021 PALM VISTA DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANZ, CAROLINA 2021 PALM VISTA DRIVE APOPKA, FL 32712
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U00000956455
07/28/08-80004-011 550.00

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: July 24 2008 407 929 1495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #