

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008009

Entity Name: L.C.S. PARTNERSHIPS, INC.

FILED
May 09, 2009
Secretary of State

Current Principal Place of Business:

901 E. SAMPLE ROAD
SUITE G
POMPAN0 BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

901 E. SAMPLE ROAD
SUITE G
POMPAN0 BEACH, FL 33064

New Mailing Address:

FEI Number: 20-8280215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORREA, DIANA M
Address: P.O. BOX 25631
City-St-Zip: TAMARAC, FL 33320

Title: S () Delete
Name: CORREA, JOSEPH A
Address: P.O. BOX 25631
City-St-Zip: TAMARAC, FL 33320

Title: VP () Delete
Name: LOGUE, ANTHONY W
Address: 8294 BOCA GLADES BLVD EAST
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: SESSA, ARMANDO
Address: 8930 OLD PINE RD
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CORREA, DIANA M
Address: P.O. BOX 25846
City-St-Zip: TAMARAC, FL 33320

Title: P (X) Change () Addition
Name: CORREA, JOSEPH A
Address: P.O. BOX 25846
City-St-Zip: TAMARAC, FL 33320

Title: T (X) Change () Addition
Name: LOGUE, ANTHONY W
Address: 8294 BOCA GLADES BLVD EAST
City-St-Zip: BOCA RATON, FL 33434

Title: VP (X) Change () Addition
Name: SESSA, ARMANDO
Address: 8930 OLD PINE RD
City-St-Zip: BOCA RATON, FL 33433

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: ARMANDO SESSA

VP

05/09/2009

Electronic Signature of Signing Officer or Director

Date