


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90017 028 \*\*\*150.00

<b>DOCUMENT # P07000009398</b>	
1. Entity Name <b>L &amp; F INVESTMENT, INC.</b>	

Principal Place of Business <b>5850 SW 52ND TERR. MIAMI FL 33155</b>	Mailing Address <b>5850 SW 52ND TERR. MIAMI FL 33155</b>
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2. Principal Place of Business - No P.O. Box # <b>1820 SW 99 AV.</b>	3. Mailing Address <b>1820 SW 99 AV.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL.</b>	City & State <b>Miami, FL.</b>
Zip <b>33165</b>	Country <b>USA</b>
Zip <b>33165</b>	Country <b>USA</b>



2nd MOORE CR2E034 (4/08)

4. FEI Number <b>20-8908219</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARIN, CARLOS A ESQ. 255 ALHAMBRA CIRCLE, SUITE 705 CORAL GABLES FL 33134</b>	
7. Name and Address of New Registered Agent Name <b>LEO GARCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1820 SW 99 AV.</b> City <b>Miami</b> FL <b>33165</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 <b>LEO GARCIA</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>7/5/2008</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! - FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State</b>	S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GARCIA, LEO 5850 SW 52ND TERR. MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LEO 5850 SW 52ND TERR. MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 	DATE <b>7/5/2008</b>	DAYTIME PHONE # <b>305962-3444</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		