

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103072

FILED
Apr 30, 2008
Secretary of State

Entity Name: L C INSURANCE AND FINANCIAL SERVICES, INC

Current Principal Place of Business:

130 NW 108 STREET
304
PEMBROKE PINES, FL 33026

New Principal Place of Business:

2448 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

Current Mailing Address:

130 NW 108 STREET
304
PEMBROKE PINES, FL 33026

New Mailing Address:

2448 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

FEI Number: 26-1082689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER, MURIEL L
130 NW 108 STREET
304
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

VALCARCEL, MARIA C
2761 TAFT STREET
312
HOLLYWOOD, FL 33020 US

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: MARIA CECILIA VALCARCEL

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S,D () Delete
Name: VALCARCEL, MARIA C
Address: 2761 TAFT STREET, APT 312
City-St-Zip: HOLLYWOOD, FL 33020

Title: P,D (X) Delete
Name: CHRISTOPHER, MURIEL L
Address: 130 NW 108 STREET, APT 304
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Delete
Name: CUERVO, OLGA MARITZ
Address: 290 174TH STREET APT 310
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CUERVO, OLGA MARITZA
Address: 290- 174TH STREET APT 310
City-St-Zip: SUNNY ISLES, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA CECILIA VALCARCEL

PS

04/30/2008

Electronic Signature of Signing Officer or Director

Date