## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000109738

FILED Feb 12, 2008 Secretary of State

Entity Nar	ne: LCO ENT	ERPRISES, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	MORE STREET OOD, FL 33021						
Current Mailing Address:				New Mailing Address:			
4620 FILLMORE STREET HOLLYWOOD, FL 33021				PO BOX 814149 HOLLYWOOD, FL 33081			
FEI Number:	26-1196579	FEI Number Applied For ( )	FEI Number	r Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Na	ıme and	Address	of New Registered Agent:	
JUAN J. PEREZ & ASSOCIATES, P.A. 8569 PINES BOULEVARD 216 PEMBROKE PINES, FL 33024 US				GUZMAN, LOURDES PRESIDE 4620 FILLMORE ST HOLLYWOOD, FL 33021 US			
The above in the State		ubmits this statement for the	purpose of ch	anging it	ts register	red office or registered agent, or both,	
SIGNATURE: LOURDES GUZMAN-COSME				02/12/2008			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P, D () GUZMAN-COSN 4620 FILLMORI HOLLYWOOD,	STREET				( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Add	e: me: dress: v-St-Zip:	4620 FILL	( ) Change (X) Addition ARLOS I VP .MORE ST OOD. FL 33021	

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: LOURDES GUZMAN-COSME P.D 02/12/2008