2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045503

Entity Name: LNF SERVICES, INC

FILED Apr 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8155 SCENIC TURN 22341 SW 66TH AVE

BOCA RATON, FL 33433 US 1204

BOCA RATON, FL 33428 US

Current Mailing Address: New Mailing Address:

8155 SCENIC TURN 22341 SW 66TH AVE

BOCA RATON, FL 33433 US 1204

BOCA RATON, FL 33428 US

FEI Number: 26-2558616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BATISTA, FABIO A PINA, LEONARDO 8155 SCENIC TURN 22341 SW 66TH AVE

BOCA RATON, FL 33433 US BOCA RATON, FL 33428 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: LEONARDO PINA 04/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BATISTA, FABIO A
 Name:
 PINA, LEONARDO

 Address:
 8155 SCENIC TURN
 Address:
 22341 SW 66TH AVE

 City-St-Zip:
 BOCA RATON, FL 33433 US
 City-St-Zip:
 BOCA RATON, FL 33428 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 PINA, LEONARDO
 Name:
 CARLOS, NATANAEL S

 Address:
 8155 SCENIC TURN
 Address:
 8155 SCENIC TURN

 City-St-Zip:
 BOCA RATON, FL 33433 US
 City-St-Zip:
 BOCA RATON, FL 33433 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CARLOS, NATÁNAEL S
 Name:
 CARLOS, FLAVÍO S

 Address:
 8155 SCENIC TURN
 Address:
 8155 SCENIC TURN

 City-St-Zip:
 BOCA RATON, FL 33433 US
 City-St-Zip:
 BOCA RATON, FL 33433 US

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: LEONARDO PINA P 04/11/2009