## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000089652

Entity Name: LPROWE, INC.

FILED Apr 01, 2009 Secretary of State

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

420 LINCOLN ROAD 605 LINCOLN ROAD

SUITE 244 SUITE 301

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

**Current Mailing Address: New Mailing Address:** 

605 LINCOLN ROAD 420 LINCOLN ROAD

SUITE 244 SUITE 301

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

FEI Number: 98-0600165 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:

TEMPKINS, HARRY TEMPKINS, HARRY 420 LINCOLN ROAD 605 LINCOLN ROAD

SUITE 301 SUITE 244

MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 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: 04/01/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title: LESTAR, PETER LESTAR, PETER Name: Name:

420 LINCOLN ROAD, SUITE 244 605 LINCOLN ROAD, SUITE 301 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

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

Name: PECSENKA, ZSOLT Name: PECSENKA, ZSOLT

420 LINCOLN ROAD, SUITE 244 605 LINCOLN ROAD, SUITE 301 Address: Address: MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

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

VARGA, MARIAN Name: VARGA, MARIAN Name:

420 LINCOLN ROAD, SUITE 244 605 LINCOLN ROAD, SUITE 301 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

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.

Ρ SIGNATURE: PETER LESTAR 04/01/2009