


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90991 014 ***150.00

DOCUMENT # P34706
 1. Entity Name
LTS CERAMICS, INC.



Principal Place of Business Mailing Address
502 PALM STREET **502 PALM STREET**
17 **# 17**
WEST PALM BEACH, FL 33401 US **WEST PALM BEACH, FL 33401 US**

50046587



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03312005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
13-3581160 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIVERSIFIED FINANCIAL SER
1971 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent
 Name **Taoufik Maktouf**
 Street Address (P.O. Box Number is Not Acceptable)
502 Palm St. #17
 City **West Palm Beach** **FL** Zip Code **33401**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAKTOUF, TAOFIK	
STREET ADDRESS	2602 S. DIXIE HWY. #3B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAKTOUF, SAMIR	
STREET ADDRESS	1045 ADMIRALS WALK	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAKTOUF, ADEL	
STREET ADDRESS	2602 S. DIXIE HWY #3B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	502 Palm St. #17	
CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: T. Maktouf **Taoufik Maktouf** Date: **4/29/05** Daytime Phone #: **561-655-0766**