
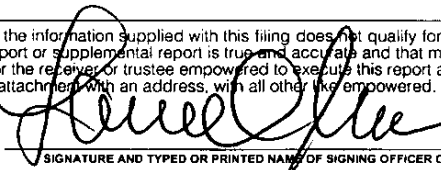


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90003 050 ***150.00

DOCUMENT # P93000006932 1. Entity Name LAWRENCE C. SCHREIBER, INC.																																																																																																																																			
Principal Place of Business 1700 NW 65TH AVENUE STE 4 FORT LAUDERDALE, FL 33313 US			Mailing Address 1700 NW 65TH AVENUE STE 4 FORT LAUDERDALE, FL 33313 US																																																																																																																																
2. Principal Place of Business - No P.O. Box # 1669 NW 144 TERRACE		3. Mailing Address 1669 NW 144 TERRACE																																																																																																																																	
Suite, Apt. #, etc. SUITE 206		Suite, Apt. #, etc. SUITE 206																																																																																																																																	
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Zip 33323		Country USA		Zip 33323																																																																																																																															
Country USA		Country USA																																																																																																																																	
6. Name and Address of Current Registered Agent SCHREIBER, LAWRENCE C 1700 NW 65TH AVENUE STE 4 PLANTATION, FL 33313			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1669 NW 144 TERRACE SUITE 206 City SUNRISE FL Zip Code 33323																																																																																																																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> P <input type="checkbox"/> Delete SCHREIBER, LAWRENCE C 1700 NW 65TH AVE PLANTATION, FL 33313 </td> <td style="width: 10%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1669 NW 144 TERRACE STE 206 SUNRISE FL 33323 </td> <td style="width: 10%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  LAWRENCE C. SCHREIBER 3/5/07 954 845-8890 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			