

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90017 035 \*\*\*150.00

**DOCUMENT # P94000022375**

1. Entity Name  
**LTC ENTERPRISES, INC.**



40033990

Principal Place of Business  
**14610 SW 49 ST  
MIAMI, FL 33175 US**

Mailing Address  
**14610 SW 49 ST  
MIAMI, FL 33175 US**

2. Principal Place of Business - No P.O. Box #  
**1875 E 4 Ave**

3. Mailing Address  
**1875 E 4 Ave**

Suite, Apt. #, etc.

City & State  
**Hialeah, Florida**

City & State  
**Hialeah, Florida**

Zip  
**33010**

Country  
**USA**

Zip  
**33010**

Country  
**USA**

02122008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0491858**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CRESPO, DELFIN A.  
14610 SW 49 ST  
MIAMI, FL 33175**

7. Name and Address of New Registered Agent  
Name  
**Crespo, Luis C**  
Street Address (P.O. Box Number is Not Acceptable)  
**1875 E 4 Ave**  
City  
**Hialeah** FL Zip Code  
**33010**

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]* DATE: **2/22/08**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CRESPO, DELFIN A 14610 SW 49TH STREET MIAMI, FL 33175</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Crespo, Luis C 1875 E 4 Ave Hialeah, FL 33010</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPTS CRESPO, LUIS C 1875 EAST 4TH AVE. HIALEAH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPTS Crespo, Alain 1875 E 4 Ave Hialeah, FL 33010</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer Crespo Ariel 1875 E 4 Ave Hialeah, FL 33010</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: **2/22/08** (905) 8880/88

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR